

# Maximum Care Plans



AmFirst Insurance Company

Copay	1st Year Benefits*	2nd Year Benefits*	3rd Year Benefits*	Services Covered
\$20 per office visit	80%	90%	100%	<b>Type I—Diagnostic &amp; Preventative</b> <b>Diagnostic:</b> One (1) oral exam in a 6 month period. Preventative: Dental prophylaxis (teeth cleaning & scaling) once in a 6 month period. Application of topical fluoride, one (1) each 6 month period, for dependent children under the age of 19. <b>Radiography:</b> Bitewing x-rays, one (1) set each, in a 6 month period. Full mouth or panoramic x-rays, one set each, in a 36 month period. (See policy for limitations)
\$20 per office visit	60%	70%	80%	<b>Type II—Basic Benefits</b> (6 month waiting period**) <b>Preventative:</b> Space Maintainers (except for baby teeth of dependent 16 years of age or older) <b>Restorative:</b> Amalgam (including polishing), silicate restorations, filled or unfilled resin restorations and other restorative services. <b>Palliative:</b> Treatment to relieve pain. (See policy for limitations)
\$20 per office visit	0	40%	50%	<b>Type III—Major Procedures</b> (12 month waiting period**) <b>Oral Surgery:</b> Extractions, surgical extractions, alveoplasty, vestibuloplasty, surgical incision, and other surgical procedures. <b>Endodontics:</b> Pulp capping, pulpotomy, root canal therapy, and periapical services. <b>Periodontics:</b> surgical services (including unusual postoperative services) and adjunctive periodontal services. <b>Prosthodontics:</b> Complete & partial dentures (including routine post delivery care), adjustments to dentures, repairs to dentures, denture relin procedures, other removable prosthetic devices, bridge pontics, bridge retainers – crowns, and other fixed prosthetic services. (See policy for limitations)
None	0	40%	50%	<b>Type IV—Orthodontics</b> (12 month waiting period**) The procedures performed by a Dentist using appliances to treat poor alignment of teeth and/or jaws which significantly interferes with their function. \$400 calendar year maximum. \$1,500 lifetime maximum per person. <b>This benefit only applies to covered dependents 6 to 26 years of age.</b> (See policy for limitations)

Product Codes	Plan Maximums**	Rates**
156MC_25	\$2,500	\$85.00
156_MC_3	\$3,000	\$100.00
156MC_35	\$3,500	\$115.00
156MC_4	\$4,000	\$130.00
156MC_45	\$4,500	\$145.00
156MC_5	\$5,000	\$160.00
156MC_55	\$5,500	\$175.00
156MC_6	\$6,000	\$190.00

Product Codes	Plan Maximums**	Rates**
156MC_65	\$6,500	\$205.00
156MC_7	\$7,000	\$220.00
156MC_75	\$7,500	\$235.00
156MC_8	\$8,000	\$250.00
156MC_85	\$8,500	\$265.00
156MC_9	\$9,000	\$280.00
156MC_95	\$9,500	\$295.00
156MC_10	\$10,000	\$310.00



Administered by:

**ADMINISTRATORS**

A division of Morgan White Group

\*Percentages are based on the Usual, Customary & Reasonable Charges (UCR) allowance.

\*\*Procedures subject to the waiting period are not covered and do not apply toward the deductible during the waiting period.

\*\*\*All rates include \$6.00 billing fee & \$2.00 association dues.