

Maximum Care Plus Plans



AmFirst Insurance Company

Copay	1st Year Benefits*	2nd Year Benefits*	3rd Year Benefits*	Services Covered
\$20 per office visit	80%	90%	100%	Type I—Diagnostic & Preventative Diagnostic: 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. Radiography: 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%	Type II—Basic Benefits (6 month waiting period**) Preventative: Space Maintainers (except for baby teeth of dependent 16 years of age or older) Restorative: Amalgam (including polishing), silicate restorations, filled or unfilled resin restorations and other restorative services. Palliative: Treatment to relieve pain. (See policy for limitations)
\$20 per office visit	0	40%	50%	Type III—Major Procedures (12 month waiting period**) Oral Surgery: Extractions, surgical extractions, alveoloplasty, vestibuloplasty, surgical incision, and other surgical procedures. Endodontics: Pulp capping, pulpotomy, root canal therapy, and periapical services. Periodontics: surgical services (including unusual postoperative services) and adjunctive periodontal services. Prosthodontics: Complete & partial dentures (including routine post delivery care), adjustments to dentures, repairs to dentures, denture reline procedures, other removable prosthetic devices, bridge pontics, bridge retainers – crowns, and other fixed prosthetic services. (See policy for limitations)
None	0	40%	50%	Type IV—Orthodontics (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. This benefit only applies to covered dependents 6 to 26 years of age. (See policy for limitations)

Product Codes	Plan Maximums**	Rates**
156MCP_8	\$8,000	\$325.00
156MCP_85	\$8,500	\$350.00
156MCP_9	\$9,000	\$375.00
156MCP_95	\$9,500	\$400.00
156MCP_10	\$10,000	\$425.00

*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.