Pleasants County Schools 202 Fairview Drive St. Mary's, WV 26170

PLEASE INDICATE ...

DENTIST'S SIGNATURE E

DENTAL CLAIM FORM

RETURN THIS FORM TO:

AMERICAN BENEFIT CORPORATION CLAIMS ADMINISTRATION 3150 以ら、たけ、6000のの、WV みんどりが、

Claim is For Dependent's Name Dependent's Date of Birth (Circle One) Self Spouse Child Is the person for whom this claim is being made covered by any other group plan? Yes No Name of Group Policy Number Name of insurance Company Address	☐ Pre-Treatment Es ☐ Actual Charges		e (Sei	rvic	es in Ex	cess of	\$20	00)*				. '	•				(;	Or\ 304)	α, W√ 525-0331	% ক	'ઈ પ	ኝ _'
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Circle One Self Spouse Child	Employee's Address		•				lumb	B 190	ũq ε	Street						•			City	Stat	le	Zip Code
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DATE:

PLAN BENEFIT HIGHLIGHTS FOR: PLEASANTS COUNTY BOARD OF EDUCATION

ELIGIBILITY	PRIMARY ENROLLEE, SPOUSE AND ELIGIBLE DEP. CHILDREN TO AGE 26.
Maximums	\$1,000 per person each plan year
Diagnostic & Preventive Counts	
toward maximum?	Yes

BENEFITS AND COVERED SERVICES*	DDO DENTICTE**	NON DOO DENTISTS**			
SERVICES	PPO DENTISTS**	NON-PPO DENTISTS**			
Diagnostic & Preventive Services		1			
Exams, cleanings, x-rays	100%	100%			
Basic Services					
Filling,sealants	80%	80%			
Endodontics (root canals)	80%	80%			
Periodontics (gum treatment)	80%	80%			
Oral Surgery	80%	80%			
Major Services					
Crowns,inlays,onlays and cast					
restorations	50%	50%			
Prosthodontics					
Bridges and dentures	50%	50%			
Orthodontic Benefits					
dependent children to age 19	50%	50%			
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime			

AMERICAN BENEFIT CORPORATION 3150 US ROUTE 60 ONA,WV 25545 (4 DENT NETWORK)

PHONE: 304-781-3911 FAX: 304-525-4274

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.