

MWG GROUP DENTAL PLAN



Benefits and Covered Services ¹

Plan/Fee Basis	PPO in/UCR ² out
Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays, space maintainers	100%
Basic Services Fillings, simple tooth extractions, sealants	80%
Endodontics (Root canals)	50%
Periodontics (Gum treatment)	50%
Oral Surgery (except simple tooth extractions)	50%
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	50%
Deductible	\$50/\$150
Waived on D&P	Yes
Annual Max	\$1,500
Child Orthodontic benefit (children to age 19)	50%/\$1,000 lifetime
Consumer MaxMultiplier You have the ability to increase your annual maximum each year at no additional cost (<i>see below</i>)	Included
Waiting Period	N/A
Eligibility	Primary enrollees, spouse and eligible dependent children to age 26

Monthly Rates

Employee	\$57.48
Employee + Spouse	\$113.44
Employee + Child(ren)	\$147.40
Employee, Spouse & Children	\$200.03

¹ Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

² Out-of-network benefits, paid up to the 85th percentile UCR (Usual, Customary, and Reasonable).

Locate a provider at www.mwg dental.com

Consumer MaxMultiplier - You have the ability to increase your annual maximum each year at no additional cost. If you keep your claims below the threshold, you will carry over a portion of that amount towards your next year annual maximum. Earn an additional \$100 carryover by making all your dental visits to one of our providers. See example below. Different original annual maximums have different accumulations.

Consumer MaxMultiplier - Specific Plan Options

Original Annual Max	Annual Claim Threshold	Account Annual Award	Annual Network Bonus	Annual Award + Bonus Maximum	Increased Annual Maximum
\$1,000	\$500	\$250	\$100	\$350	2nd year - \$1,350
\$1,000	\$500	\$250	\$100	\$350	3rd year - \$1,700

AmFirst Insurance Company
PO Box 14067 • Jackson, MS 39236

Customer Service
866-605-2379

Claims Address
PO Box 30567 • Salt Lake City, UT 84130

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

