



Certificate of Coverage

**Macomb County**

<b><u>OFFICE VISIT CO-PAY</u></b>	<b>\$5.00</b>
<b><u>CLASS I</u></b>	
<b>Diagnostic and Preventive:</b> Exams, Radiographs, Prophylaxis, Fluoride Treatment (up to age 19), Sealants (1 <sup>st</sup> and 2 <sup>nd</sup> Molars only – once in lifetime up to age 18), Space Maintainers (Primary Teeth only up to age 19)	<b>100%</b>
<b><u>CLASS II</u></b>	
<b>Restorative:</b> Fillings, Root Canals and Routine Extractions performed by General Provider	<b>90%</b>
<b><u>CLASS III</u></b>	
<b>Prosthetic:</b> Crowns, Bridges, Partial and Complete Dentures	<b>75%</b>
<b><u>CLASS IV</u></b>	
<b>Specialty Care:</b> Oral Surgery (including General Anesthesia) Endodontics Periodontics Pedodontics	<b>75%</b>
<b><u>ORTHODONTICS:</u></b>	
Dependents up to age 19 (Lifetime Maximum )	<b>\$2,200</b>
Member & Spouse (Lifetime Maximum)	<b>\$1,800</b>
<b>Annual Maximum (per member per year):</b>	<b>Unlimited</b>
<b>Annual Renewal:</b>	<b>01/01</b>
<b>Membership Card Reads:</b>	<b>MACOMB</b>

**Dependents are covered up to the age of 26 for CLASS I – IV only.**