

**Northwestern Health Sciences University  
DENTAL BENEFIT SUMMARY**

<b>Diagnostic and Preventive</b>	Fluoride Treatments (Children Only) Oral Examinations (2 per year limit) Prophylaxis Space Maintainers X-rays	100%
<b>Basic Care</b>	Periodontic Treatment Scaling & Root Planing Fillings Root Canal Therapy Extractions	80% 80% 80% 80% 80%
<b>Major Restorative Care</b>	Crowns Dentures Bridgework Repairs to Crowns, Dentures & Bridgework TMJ (excludes appliances for tooth movement or guidance, electronic diagnostic modalities, occlusal analysis, or muscle testing. \$1,000 lifetime maximum; does not go toward calendar year maximum.)	50%  50% 50% 50%
<b>Orthodontics</b>	Dependent Children to age 19	50%
<b>Deductible</b>	Per Person/Per Family (Calendar Year) (No Deductible for Diagnostic and Preventive Services)	\$50/\$100
<b>Annual Maximum</b>		\$1,000
<b>Lifetime Ortho Maximum</b>		\$1,500

You are not required to use a network dentist to receive the benefits listed. If you do use a network dentist a discount will be applied to your claim costs. Network dentist can be found on our website [www.formuladental.com](http://www.formuladental.com) or calling customer service.

If you have questions regarding your benefits please call our Customer Service line at: 651-686-0108 extension 105; or toll free 888-686-0412 extension 105.

Claims may be submitted to us at:  
Formula Dental  
Dental Claim Department  
3265 Northwood Circle, Suite 170  
Eagan, MN 55121