

# TOWN OF NORTON

		<u>CURRENT LOW PLAN</u>	<u>SMHG LOW PLAN 7/1/21</u>		<u>CURRENT HIGH PLAN</u>	<u>SMHG HIGH PLAN 7/1/21</u>
<b>Preventative &amp; Diagnostic</b>						
	Cleanings	100%	100%		100%	100%
	Oral Exams	100%	100%		100%	100%
	Fluoride Treatments	100%	100%		100%	100%
	X-rays	100%	100%		100%	100%
	Full mouth or Panorex	100%	100%		100%	100%
	Sealants	100%	100%		100%	100%
	Space Maintainers	100%	100%		100%	100%
	Perio Maintenance (cleanings)	80%	100%		50%	100%
<b>Minor Restorative</b>						
	Denture Repairs	80%	50%		80%	80%
	Palliative Treatment	80%	50%		80%	80%
	Fillings - composites on all teeth	80%	50%		80%	80%
	Simple Extractions	80%	50%		80%	80%
	Oral Surgery/Anesthesia	80%	50%		50%	80%
	Endodontics	80%	50%		80%	80%
	Periodontic Surgery	80%	50%		50%	80%
	Root Planing & Scaling	80%	50%		50%	80%
<b>Major Restorative</b>						
	Crowns	Not covered	50%		50%	50%
	Prosthodontics	Not covered	50%		50%	50%
	Single Tooth Implants	Not covered	50%		50%	50%
<b>Orthodontia</b>	To age 19 \$1,000 lifetime maximum	Not covered	Not covered		Not covered	50%
<b>Calendar Year Deductible</b>		\$50 / \$150	No deductible		\$50 / \$150	\$50 / \$150
<b>Calendar Year Maximum</b>		\$1,000	\$1,000		\$2,250	\$1,500
<b>Dependent Coverage</b>		To age 26	To age 26		To age 26	To age 26
<b>Enhancements</b>		N/A	Preventive Rewards		Maximum Carry Over	Preventive Rewards
<b>Rates</b>						
	Individual	\$38.03	\$34.25		\$48.70	\$38.32
	Two Person	\$72.98	\$68.50		\$93.47	\$81.22
	Family	\$105.17	\$102.75		\$134.76	\$119.54