# Dental Plan Benefits for Members of Alcorn State University

## Benefit Overview

<table>
<thead>
<tr>
<th></th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 Per Person</td>
<td>$50 Individual</td>
</tr>
<tr>
<td>(Calendar Year)</td>
<td>$150 Family</td>
<td>$160 Family</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventative Services</strong></td>
<td>Deductible Waived</td>
<td>Deductible Waived</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>100% In &amp; Out of Network</td>
<td>100% In &amp; Out of Network</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical Fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space Maintainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Mouth X-Rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Subject to Deductible</td>
<td>Subject to Deductible</td>
</tr>
<tr>
<td>Simple Restorative</td>
<td>80% In &amp; Out of Network</td>
<td>80% In &amp; Out of Network</td>
</tr>
<tr>
<td>Emergency Care Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge, Denture Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Restorative</strong></td>
<td>Subject to Deductible 6 Month Waiting Period</td>
<td>Subject to Deductible 6 Month Waiting Period</td>
</tr>
<tr>
<td>Inlays, Onlays</td>
<td>50% In &amp; Out of Network</td>
<td>50% In &amp; Out of Network</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges/ Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (Sur)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (Adj)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Orthodontia Services</strong></td>
<td>Subject to Deductible 6 Month Waiting Period</td>
<td>Subject to Deductible 6 Month Waiting Period</td>
</tr>
<tr>
<td>Available to Dependent children under age 19</td>
<td>50% In &amp; Out of Network Lifetime Maximum $1,000</td>
<td>50% In &amp; Out of Network Lifetime Maximum $1,000</td>
</tr>
</tbody>
</table>

Eligible Dependents are all children who are not married, who are less than 26 years of age and who live with you and are dependent on you for principal support and maintenance.

## Monthly Rates

**Eff. 1/1/2020**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + One</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Option</strong></td>
<td>$29.38</td>
<td>$57.38</td>
<td>$91.27</td>
</tr>
<tr>
<td><strong>High Option</strong></td>
<td>$30.65</td>
<td>$60.25</td>
<td>$95.83</td>
</tr>
</tbody>
</table>

## 9 Month Rates

**Eff. 1/1/2020**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + One</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Option</strong></td>
<td>$39.17</td>
<td>$76.51</td>
<td>$121.69</td>
</tr>
<tr>
<td><strong>High Option</strong></td>
<td>$41.13</td>
<td>$80.33</td>
<td>$127.77</td>
</tr>
</tbody>
</table>

Citizens Security Life Insurance Company • PO Box 436149 • Louisville, Kentucky 40253-6149  •  
For providers list please visit our website at www.CitizensGroup.com

This is only a brief summary of the benefits of your dental plan. Please refer to your Certificate for a complete description of covered services and any limitations or exclusions that may apply.