



Nature of Care	Benefit Limit and Percentage Payable
DENTAL CARE	
Annual deductibles apply to Class B and Class C services only	
Individual	US\$25
Family	US\$50
Annual Maximum applies to Class A, B & C	
■ Class A	100%
Diagnostic – General Preventative	
■ Class B	80%
Restorative (Basic) Endodontics Periodontics Prosthodontics – Removal Bridge (maintenance) Prosthodontics – Fixed Bridge (maintenance) Oral Surgery	
■ Class C	50%
Restorative (Major) Prosthodontics – Removal Bridge (installation) Prosthodontics – Fixed Bridge (installation)	
<p><i>Class C expenses are not covered during the first three months of coverage. For teeth missing on the effective date of coverage benefit will begin after being covered for twelve (12) months under the policy.</i></p>	
■ Class D – Orthodontic Care	
Orthodontic benefits have a three (3) month waiting period after the effective date of coverage.	
No deductible is applied to this care.	Lifetime maximum benefit per insured US\$1,000
VISION CARE	
■ Routine exams, eyeglasses and contact lens	
Benefits outside of the U.S.	Annual maximum benefit US\$150 100%
Benefits in the U.S.	Annual maximum benefit US\$300 100%