



MARKEL BASIC HEALTH INSURANCE

A Lower Cost Alternative To Comprehensive Major Medical

DENTAL PLAN OPTION

This option can be selected by itself or added to the Value, Standard or Enhanced Plans. No employer contribution is required for the Dental Plan Option.

Dental Care	\$1,500 annual maximum
	\$ 500 periodontics maximum
	\$ 750 orthodontics maximum

Dental Benefits: Scheduled amounts are payable up to \$1,500 per covered person per calendar year for preventative and diagnostic care, restorative treatment, root canals, periodontics (\$500 lifetime maximum), oral surgery and orthodontia (\$750 maximum per course of treatment). Some benefits require a 12 month waiting period before benefits are available. (See Schedule of Benefits below.)

Survivor Benefit: Dependent coverage will continue—premium free—for up to 18 months after the end of the month in which the insured employee's death occurs.

MONTHLY PREMIUMS

Employee	\$21.93	Employee & Child(ren)	\$57.90
Employee & Spouse	\$43.14	Family	\$79.11

DENTAL SCHEDULE OF BENEFITS

Category:

MBHI pays:

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Type 1: Preventive & Diagnostic

a. Oral exams, including prophylaxis	\$ 48.00
b. Bitewings, per film	\$ 6.40
c. X-ray, panoramic or cephalometric	\$ 48.00
d. Sealants / topical fluoride	\$ 13.60
e. Space maintainers	\$144.00

Type 5: Periodontics (\$500 Lifetime Maximum)

a. Tissue grafts or bone surgery	\$128.00
b. Gingivectomy (per quadrant), periodontal scaling, periodontal splinting, root planing	\$ 80.00
c. Gingival curettage (per quadrant)	\$ 48.00
d. Gingivectomy (per tooth)	\$ 32.00

Type 2: Major Restorative

a. Crowns, bridges & dentures	\$240.00
b. Pre-fabricated crowns	\$ 80.00
c. Crown build-up procedures	\$ 64.00

Type 6: Oral Surgery

a. Surgeries Level 1 (ex. Removal of exostosis)	\$160.00
b. Surgeries Level 2 (ex. Removal of impacted tooth)	\$ 88.00
c. Surgeries Level 3 (ex. Simple extraction)	\$ 48.00

Type 3: Minor Restorative

a. Fillings	\$ 56.00
b. Crown, bridge and denture repairs	\$ 32.00
c. Relining or rebasing dentures	\$ 80.00

Type 7: General Anesthesia and IV

a. IV, first half hour general, each additional 1/4 hour general	\$ 96.00
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Type 4: Endodontics

a. Root canals, apicoectomies	\$256.00
b. Root amputation	\$128.00
c. Therapeutic pulpotomy, retrograde fillings, apexification, hemisection	\$ 64.00

Type 8: Orthodontia

(Per Course of Treatment)	\$750.00
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Types 1 through 7 subject to annual maximum of: \$1,500.00

Types 2, 5, 6a, 7 and 8 are subject to 12 month waiting period