

First Community Bank Dental Summary

Plan Year:	January – December
Frequency Limitations:	None
Covered Dental Benefits:	All dental expenses are eligible except for cosmetic procedures and occlusal guards (i.e. teeth whitening, veneers).
Orthodontic Benefits:	Covered the same as any other dental benefit. Included in the \$1,000 annual benefit maximum.
Benefit Coverage:	100% coverage of the first \$125 of dental expenses, then \$50 deductible met by patient, then 80% coverage of the next \$250 of dental expenses, then 50% coverage of the next \$1,350 of dental expenses.
Annual Maximum:	\$1,000 per covered person
Waiting Period:	6 month waiting period for orthodontic benefits. All other dental procedures covered first day.
Claims Filing Instructions:	Mail to Benefit Coordinators, Attn: Claims, PO Box 210546, Columbia, SC 29221 or faxed to 803.772.0140.

*All providers are accepted without usual and customary limitations.