



DENTAL PLAN

CALENDAR YEAR MAXIMUM BENEFITS Dependent child up to age 19 All others	Unlimited \$1,500
ORTHODONTIC LIFETIME MAXIMUM	\$1,000
CALENDAR YEAR DEDUCTIBLE Individual Deductible Family Maximum Deductible	\$ 75 \$ 225
<p><u>Individual Deductible</u> - The Individual Calendar Year Deductible is an amount which a Covered Person must contribute toward payment of eligible dental expenses.</p> <p><u>Family Maximum Deductible</u> - If \$225 in eligible dental expenses is incurred collectively by family members during a Calendar Year, the Family Maximum Deductible is satisfied. A "family" includes a covered Employee and his covered Dependents.</p>	

ELIGIBLE DENTAL EXPENSES	Plan Pays
Preventive Services (Deductible waived)	100%
Limits applicable to certain Preventive Services: <ul style="list-style-type: none"> - routine oral examinations and cleanings are limited to 2 exams/cleanings per Calendar Year; - fluoride treatment is limited to children under the age of 19 once per Calendar Year; - sealants are limited to children under the age of 19 once per year. - full-mouth X-rays are limited to once per 3-year period and routine bitewings are limited to 2 sets per Calendar Year. 	
Basic Services	80% (d)
Major Services	50% (d)
Orthodontic Services	50% (d)

(d) – Deductible applies

For questions, contact Customer Service at **833.661.3915**