

Large Group
Benefit Summary Plan 135 (Ortho)

Dental



	In-Network Dentist	Out-of-Network Dentist
Calendar Year Deductible	\$50/member; maximum of \$150 family <ul style="list-style-type: none"> • Applies to Basic and Major Services • Maximum of three deductibles per family • No Deductible on Preventive Services 	
Annual Maximum	\$1,500\ \$1,500 Lifetime Orthodontics	
Coinsurance Amounts	100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services	100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services
Predetermination of Benefits	Recommended for charges in excess of \$350	
See Certificate Booklet for Complete Details:	It is important to keep in mind that this material is a brief outline of benefits and covered service and is not a contract. Please refer to your Certificate Booklet (the Contract) for a complete explanation of covered services, limitations and exclusions.	

In & Out of Network Dental Coinsurance Covered Procedures

100% Preventive Services

- Routine oral examinations
- Prophylaxis (two per year)
- Topical applications of fluoride
- Space maintainers
- Diagnostic casts
- Pulp vitality testing (one per year)
- Dental X-rays
- Sealants

80% Basic Services

- Fillings
- Oral surgery
- Endodontics
- Simple extractions
- Periodontic services
- Other visits and exams
- Palliative emergency treatment
- Occlusal guards (one per year)

50% Major Services

- Inlays
- Crowns
- Bridges
- Dentures
- Denture rebase or reline
- Repair of fixed bridge
- Repair of removable dentures
- Re-cement crowns and bridges

50% Orthodontic Services

Lifetime Maximum \$1500
for dependents up to age 19

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