



Dental Benefits

NO LIST – GO TO ANY DENTIST

BENEFIT DESCRIPTION

BENEFIT

(SUBJECT TO USUAL AND CUSTOMARY CHARGES)

CALENDAR YEAR DEDUCTIBLE	
SINGLE	\$50
FAMILY	\$150
MAXIMUMS	(Class A, B & C expenses combined per person)
CALENDAR YEAR BENEFIT	\$1,250 per Covered Person
ORTHODONTIC BENEFIT	\$1,250 per Covered Person
BENEFITS	
CLASS A PREVENTATIVE & DIAGNOSTIC SERVICES	100% after Deductible
CLASS B EXPENSES - BASIC SERVICES	80% after Deductible
CLASS C EXPENSES - MAJOR SERVICES	50% after Deductible
ORTHODONTIC SERVICES (DEPENDENT CHILDREN YOUNGER THAN AGE 18 ONLY)	50% after Deductible

FOR DENTAL CARE OVER \$300

Whenever you need dental care that is estimated to cost over \$300, ask your dentist to submit a proposed treatment plan before you receive the care. Dental and plan experts will review the plan to be sure it's the best and safest for you, and you know your out-of-pocket cost estimate ahead of time to help you budget.



CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION
SINGLE	\$20.00
EE + SPOUSE	\$62.00
EE + CHILD(REN)	\$72.00
FAMILY	\$104.00