### IN-NETWORK

#### Annual Deductible

- $25 per person
- Applies to: Basic Care, Major Care

#### Preventive Care

- Routine cleanings
- Check-ups
- X-rays
- Fluoride treatments
- Routine cleanings, check-ups and bitewing x-rays covered twice per year

- 100%, no deductible
- NOTE: No charge for topical fluoride application – up to age 16.

#### Basic Care

- Fillings
- Extractions
- Endodontics
- Periodontics

- 85% after deductible

#### Major Care

- Crowns
- Bridges
- Dentures

- 60% after deductible

#### Orthodontic Care

- Available to children up to age 19

- 50%, no deductible
- 12-month waiting period

### OUT-OF-NETWORK

#### Annual Deductible

- $25 per person
- Applies to: Preventive Care, Basic Care, Major Care

#### Preventive Care

- Routine cleanings
- Check-ups
- X-rays
- Fluoride treatments
- Routine cleanings, check-ups and bitewing x-rays covered twice per year

- 100% after deductible
- NOTE: No charge for topical fluoride application – up to age 16.

#### Basic Care

- Fillings
- Extractions
- Endodontics
- Periodontics

- 70% after deductible

#### Major Care

- Crowns
- Bridges
- Dentures

- 50% after deductible

#### Orthodontic Care

- Available to children up to age 19

- 50%, no deductible
- 12-month waiting period

### Maximums

**IN-NETWORK**

- $2,000 per person
- No maximum

**OUT-OF-NETWORK**

- $2,000 per person
- No maximum

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Dental Customer Service: 1-888-381-9727

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

Out of Network - Members may be balanced billed by the provider for charges over the allowable amount.