## Dental Plan 2015

### IN-NETWORK

#### Annual Deductible
- $25 Individual/$75 Family
  - Applies to: Basic Care, Major Care

#### Preventive Care
- Routine cleansings
- 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

#### Maximums
- Dental Care (Calendar Year)
- Orthodontia (Dependent Children)

- $2,000 per person
- No maximum

### OUT-OF-NETWORK

#### Annual Deductible
- $25 Individual/$75 Family
  - Applies to: Preventive Care, Basic Care, Major Care

### Dental Customer Service: 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.