## Dental Benefits Summary

### Annual Deductible*
- **Individual**: $50
- **Family**: $150

### Preventive Services
- 100%

### Basic Services
- 90%

### Major Services
- 60%

### Annual Benefit Maximum
- $1,000

### Office Visit Copay
- N/A

### Orthodontic Services (Adult and Child)
- 50%

### Orthodontic Deductible
- None

### Orthodontic Lifetime Maximum
- $1,000

*The deductible applies to: Basic & Major services only

### Partial List of Services

#### Preventive
- Oral examinations (a) 100%
- Cleanings (a) Adult/Child 100%
- Fluoride (a) 100%
- Sealants (permanent molars only) (a) 100%
- Bitewing Images (a) 100%
- Full mouth series Images (a) 100%
- Space Maintainers 100%

#### Basic
- Root canal therapy 90%
- Anterior teeth / Bicuspid teeth 90%
- Root canal therapy, molar teeth 90%
- Scaling and root planing (a) 90%
- Gingivectomy (a)* 90%
- Amalgam (silver) fillings 90%
- Composite fillings (anterior teeth only) 90%
- Stainless steel crowns 90%
- Incision and drainage of abscess* 90%
- Uncomplicated extractions 90%
- Surgical removal of erupted tooth* 90%
- Surgical removal of impacted tooth (soft tissue)* 90%
- Osseous surgery (a)* 90%
- Surgical removal of impacted tooth (partial bony/ full bony)* 90%
- General anesthesia/intravenous sedation* 90%
- Crown Lengthening 90%

#### Major
- Inlays 60%
- Onlays 60%
- Crowns 60%
- Full & partial dentures 60%
- Pontics 60%
- Denture repairs 60%
- Crown Build-Ups 60%
- Implants 60%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

Other Important Information

Page: 1