



|  | IN-NETWORK  | OUT-OF-NETWORK  |
|--|---|---|
| <b>Annual Deductible</b>   | \$25 Individual/\$75 Family<br>Applies to:<br>• Basic Care<br>• Major Care              | \$25 Individual/\$75 Family<br>Applies to:<br>• Preventive Care<br>• Basic Care<br>• Major Care |
| <b>Preventive Care</b><br>• Routine cleanings<br>• Check-ups<br>• X-rays<br>• Fluoride treatments<br>• Routine cleanings, check-ups and bitewing x-rays covered twice per year | 100%, no deductible<br>NOTE: No charge for topical fluoride application – up to age 16. |   |
| <b>Basic Care</b><br>• Fillings<br>• Extractions<br>• Endodontics<br>• Periodontics  | 85% after deductible  | 70% after deductible  |
| <b>Major Care</b><br>• Crowns<br>• Bridges<br>• Dentures   | 60% after deductible  | 50% after deductible  |
| <b>Orthodontic Care</b><br>Available to children up to age 19  | 50%, no deductible<br>12-month waiting period   |   |
| <b>Maximums</b><br>• Dental Care (Calendar Year)<br>• Orthodontia (Dependent Children)   | • \$2,000 per person<br>• No maximum  |   |

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.