



Dental Summary 2020

	In Network	Out of Network
Annual Deductible	\$150 Individual Applies to: • Basic Restorative Services • Major Restorative Services	\$150 Individual* Applies to: • Basic Restorative Services • Major Restorative Services
Diagnostics & 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 Restorative Services • Fillings • Extractions • Endodontics • Periodontics	80% after \$150 deductible	80% after \$150 deductible*
Major Restorative Services • Crowns • Bridges • Dentures • Implants	50% after \$150 deductible	50% after \$150 deductible*
Orthodontic Services Available to children up to age 26	50%, no deductible	
Maximums & Deductible Amounts • Dental Care (Annual) • Orthodontia (Dependent Children)	\$1,500 per individual (oral evaluations and routine cleanings will not reduce the benefit year maximum) 50% covered up to age 26 and a lifetime maximum of \$1,500	

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

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.