

# 2020-21 Dental Schedule of Benefits



**Annual Maximum** per person \$2,000 (does not apply to Preventive Care or Orthodontia).

**Orthodontics Lifetime Maximum** per person \$3,000 (does not start over if you change dental plans).

	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Annual Deductible	\$50 per person \$150 per family	\$125 per person

## Diagnostic and preventive care (deductible does not apply)

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Examinations, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount
Sealants	100% coverage	50% coverage of the allowed amount

## Restorative care and prosthetics (deductible applies)

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)

Emergency services are covered at the same benefit level as non-emergency services.

See Summary of Benefits for specific plan limitations.

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