

Dental Schedule of Benefits for 2019

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

Orthodontics Lifetime Maximum per person \$2,400 (does not start over if you change dental plans).

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

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
Preventive care; examinations, x-rays, 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)

Covered Services	In-network Benefits	Out-of-network Benefits
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
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 Certificate of Coverage for specific plan limitations.