

Dental Benefits

Coverage Details

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|---|----------------|
| Plan Year Maximum | \$1,500 |
| Plan Paid - Does not include amounts paid by member After Plan Paid Maximum is reached member is responsible for 100% of incurred charges | |
| Plan Year Deductible | \$50 |
| Member Paid | |
| Preventive & Diagnostic Services | 100% |
| Plan Paid - Twice per plan year, not subject to deductible Services Include: Cleaning, Polishing, Bitewing X-Ray's and Prophylaxis | |
| Basic Services | 80% |
| Plan Paid after Plan Year Deductible is met Services Include: Simple Extractions, Simple Fillings & Some Bridge Work | |
| Major Services | 50% |
| Plan Paid after Plan Year Deductible is met Services Include: Crowns, Dentures & Major Bridge Work | |