

STANDARD

DENTAL COVERAGE

2024-2025 Plan Year
July 1st, 2024 through June 30th, 2025



OPEH&W Health Plan
Making Healthy Cheaper

PLAN YEAR COVERAGE

\$1,500

Plan Paid Max

\$50

Deductible

PREVENTIVE & DIAGNOSTIC SERVICES

FREE Every 6 Months

Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis

BASIC SERVICES

20% Co-Insurance

Fillings, Simple Extractions, Surgical Removal of Teeth & Root Canals

MAJOR SERVICES

50% Co-Insurance

Implants, Crowns, Full or Partial Dentures, Bridge Repairs & Occlusal Guards

ORTHODONTICS

1,500 Lifetime Maximum

50% Co-Insurance

For Dependent Children up to age 26

MONTHLY RATES

\$42.86 Member
\$22.64 Child
\$36.02 Children
\$52.94 Spouse
\$75.58 Spouse & Child
\$88.96 Spouse & Children

HELP & SUPPORT



www.bcbsok.com
800.313.5162



LEARN MORE

Scan **QR CODE**
Visit **OPEHW.COM**
Call **800.468.5744**

