

# ENHANCED DENTAL COVERAGE



## PLAN YEAR COVERAGE

**\$2,500** Plan Year Maximum

**\$25** Plan Year Deductible



## PREVENTIVE & DIAGNOSTIC SERVICES

**Free** Every 6 Months

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



## BASIC SERVICES

**15%** Co-Insurance

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



## MAJOR SERVICES

**40%** Co-Insurance

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



## ORTHODONTICS

**\$1,500** Lifetime Maximum

**50%** Co-Insurance

» For Adults & Dependent Children up to Age 26

» No Deductible or Waiting Period



## MONTHLY RATES

\$ **49.76** Member

\$ **26.30** Child

\$ **41.80** Children

\$ **61.46** Spouse

\$ **87.76** Spouse & Child

\$ **103.26** Spouse & Children

**2025-2026 PLAN YEAR**  
**JULY 1, 2025 TO JUNE 30, 2026**



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