

STANDARD DENTAL COVERAGE



PLAN YEAR COVERAGE

\$1,500 Plan Year Maximum

\$50 Plan Year 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 Adults & Dependent Children up to Age 26

» No Deductible or Waiting Period



MONTHLY RATES

\$44.78 Member

\$23.66 Child

\$37.64 Children

\$55.32 Spouse

\$78.98 Spouse & Child

\$92.96 Spouse & Children

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



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