

Dental 50+ (Including Voluntary)

Dental Plan Design

Flexible options are available for you to create a plan that matches your needs and budget requirements.

	Deductible*		Deductible PPO In Network		Coinsurance Out of Network		Coinsurance	
	Standard	Options	Standard	Options	Standard	Options	Standard	Options
Preventive Services	\$0	\$25, 50, 75, 100	\$0	\$25, 50, 75, 100	100%	90%, 80%, 70%	100%	90%, 80%, 70%
Basic Services	\$50	\$25, 75, 100	\$50	\$25, 75, 100	80%	90%, 70%	90%	100%, 80%, 70%
Major Services	\$50	\$25, 75, 100	\$50	\$25, 75, 100	50%	60%, none	60%	50%, none
Orthodontic Services	\$0	-	-	-	50%	may be excluded	50%	may be excluded

* Standard: Combined deductible for Basic and Major Services.
Options: Apply to Preventive, Basic and Major Services

Other Plan Features	Standard	Options
Calendar Year Benefit Maximum (Combined Maximum for Preventive, Basic and Major Services)	\$1,500	\$500, \$1,000, \$2,000 \$2,500 or \$3,000
Family Deductible Limit	3 times	
Dependent Coverage**	To age 25, if Student after age 19	To age 19 only
Orthodontia - Lifetime Maximum - Coverage	\$1,500 Child Only	\$1,000 or \$2,000 Adult Coverage
Rollover Benefit	25%	None, 30%, 35%

**State Regulations Apply

Additional Plan Features	
Preventive Benefits	Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers
Basic Benefits	Fillings, Oral Surgery, Simple Extractions, Extractions, Simple Perio
Major Benefits	All Endo, Surgical Perio, Crowns, Bridges, Dentures, Denture Repairs
Coverage Options	X-rays, Sealants, and Space Maintainers can be moved from Preventive to Basic, Simple Perio and all Endo can be moved from Major to Basic, Implants can be covered, Adult Orthodontic Services can be covered

- Temporary Dentures Covered
- Splinting Covered
- Implants Covered

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