BENEFIT SUMMARY DENTAL

Effective Date: January 1, 2025

SMALL GROUP PEDIATRIC DENTAL

CALENDAR-YEAR MAXIMUM (per child)	ANNUAL DEDUCTIBLE (per child)	IN-NETWORK OUT-OF-POCKET MAXIMUM (per child per calendar year)
Unlimited	$20	$425

DENTAL PEDIATRIC (through age 18)	In-Network You Pay	Out-of-Network You Pay
CATEGORY A - DIAGNOSTIC AND PREVENTIVE SERVICES		
Exams	0%	25%
Radiographic Images (X-rays)	0%	25%
Prophylaxis (cleaning)	0%	25%
Fluoride Treatment	0%	25%
Sealants	0%	25%
CATEGORY B - MINOR SERVICES		
Fillings	20%	40%
Endodontics (root canals)	20%	40%
Oral Surgery	20%	40%
Extractions	20%	40%
Anesthesia	20%	40%
CATEGORY C - MAJOR SERVICES		
Crowns	50%	70%
Partials and Dentures	50%	70%
Surgical Periodontics	50%	70%

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