



BENEFIT SUMMARY DENTAL



Effective Date: January 1, 2019

CALENDAR-YEAR MAXIMUM
(per child)

Unlimited

ANNUAL DEDUCTIBLE
(per child)

\$50

**IN-NETWORK
OUT-OF-POCKET MAXIMUM**
(per calendar year)

\$350

DENTAL PEDIATRIC (through age 18)	In-Network You Pay	Out-of-Network You Pay
CATEGORY A - DIAGNOSTIC AND PREVENTIVE SERVICES		
Exams	10%	25%
Radiographic Images (X-rays)	10%	25%
Prophylaxis (cleaning)	10%	25%
Fluoride Treatment	10%	25%
Sealants	10%	25%
CATEGORY B - MINOR SERVICES		
Fillings	30%	40%
Endodontics (root canals)	30%	40%
Oral Surgery	30%	40%
Extractions	30%	40%
Anesthesia	30%	40%
CATEGORY C - MAJOR SERVICES		
Crowns	50%	70%
Partials and Dentures	50%	70%
Surgical Periodontics	50%	70%



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