



# 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**

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



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