



Dental Benefit Summary

*The Allowable Expense is limited to the Reasonable & Customary (**R&C**) amounts.

Type of Service	Benefit Description*	Important Provisions
Annual Dental Maximum	\$1,500 per Individual	Types I, II, and III combined
Lifetime Dental Implant Maximum	\$5,000 per Individual	
Orthodontia Lifetime Maximum	\$1,500 per Individual	
Annual Deductible	\$50 Individual \$150 Family	Applies to Types II and III services only.
Type I – Diagnostic/Preventive	100% coverable	Not subject to Annual Deductible.
Type II – Basic Restorative	85% coverable with 15% coinsurance	Subject to Annual Deductible.
Type III – Major Restorative	55% coverable with 45% coinsurance	Subject to Annual Deductible.
Type IV – Orthodontic Services	50% coverable with 50% coinsurance	Not subject to Annual Deductible for dependent children, less than 19 years of age.
Dental Implants	80% coverable with 20% coinsurance	Subject to Annual Deductible. Not Subject to Annual Dental Maximum, (see separate benefit for Dental Implant Maximum above.)

For further details, please refer to your Summary Plan Description.