



	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-Plan year deductible	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive and diagnostic x-rays.			
Calendar-Plan year annual maximum	\$1,500		\$1,500	
Preventive services				
<ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays• Routine cleanings (2 per year)	100% no deductible		100% no deductible	
Basic services				
<ul style="list-style-type: none">• Basic Restorative (Fillings)	80% after deductible		80% after deductible	
Major services				
<ul style="list-style-type: none">• Major Restorative (Crowns)• Periodontics (Gum Disease)• Endodontics (Root Canals)• Prosthodontics (Dentures)	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia \$1,000 lifetime orthodontia maximum.			