



# You Have Two Choices for Dental Benefits

## Comprehensive Dental Option

Comprehensive Dental	You Pay
Dental Plan Year Deductible	\$25/one person \$50/two people \$75/family
Plan Year Maximum (except Orthodontics)	\$1,500
<b>Preventive Dental Care</b> (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children)	\$0
<b>Primary Dental Care</b> (fillings, root canal, simple extractions, periodontic services, etc.)	20% coinsurance after dental deductible
<b>Major Dental Care</b> (crowns, inlays, onlays, dentures and fixed bridges)	50% coinsurance after dental deductible
<b>Orthodontic Services</b> (for children and adults)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum

OR

## Preventive Dental Option

This covers only preventive services, and is available for a lower premium.

Preventive Dental	You Pay
<b>Preventive Dental Care</b> (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children)	\$0 (No dental deductible or plan year maximum)

To change your current dental option, you must complete an enrollment form at open enrollment or with a qualifying event.



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