

# Dental Coverage

COPAYS		
Annual Maximum		No Annual Maximum*
Deductible		No Deductible
General or Orthodontic Office Visit		You pay \$20 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES		
Routine and Emergency Exams		Covered with the Office Visit Copay
X-rays		Covered with the Office Visit Copay
Teeth Cleaning		Covered with the Office Visit Copay
Fluoride Treatment		Covered with the Office Visit Copay
Sealants (per Tooth)		Covered with the Office Visit Copay
Head and Neck Cancer Screening		Covered with the Office Visit Copay
Oral Hygiene Instruction		Covered with the Office Visit Copay
Periodontal Charting		Covered with the Office Visit Copay
Periodontal Evaluation		Covered with the Office Visit Copay
RESTORATIVE DENTISTRY		
Fillings		You pay a \$30 Copay
Porcelain-Metal Crown		You pay a \$250 Copay**
PROSTHODONTICS		
Complete Upper or Lower Denture		You pay a \$380 Copay**
Bridge (per Tooth)		You pay a \$250 Copay**
ENDODONTICS AND PERIODONTICS		
Root Canal Therapy - Anterior		You pay a \$180 Copay
Root Canal Therapy - Bicuspid		You pay a \$225 Copay
Root Canal Therapy - Molar		You pay a \$275 Copay
Osseous Surgery (per Quadrant)		You pay a \$150 Copay
Root Planing (per Quadrant)		You pay a \$80 Copay
ORAL SURGERY		
Routine Extraction (Single Tooth)		You pay a \$30 Copay
Surgical Extraction		You pay a \$100 Copay
ORTHODONTIA TREATMENT		
Pre-Orthodontia Treatment		You pay a \$150 Copay***
Comprehensive Orthodontia Treatment		You pay a \$2,000 Copay
DENTAL IMPLANTS		
Dental Implant Surgery		Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS		
Local Anesthesia		Covered with the Office Visit Copay
Dental Lab Fees		Covered with the Office Visit Copay
Nitrous Oxide		You pay a \$40 Copay
Specialty Office Visit		You pay \$30 per Visit
Out of Area Emergency Care Reimbursement		You pay charges in excess of \$100