

# Dental



|   | In Network            | In Network            | Out-of-Network        |
|---|-----------------------|-----------------------|-----------------------|
|   | Benefit Level 1       | Benefit Level 2       | Any Licensed Dentist  |
| <b>Annual Deductible (Individual / Family)</b>                    | None                  | \$25 / \$75           | \$25 / \$75           |
| <b>Annual Maximum (per person)</b>                                | \$2,000 per person    | \$1,000 per person    | \$1,000 per person    |
| <b>Lifetime Orthodontic Maximum (Dependents age 8 through 18)</b> | \$1,500 per dependent | \$1,500 per dependent | \$1,500 per dependent |
| <b>Diagnostic &amp; Preventive Services</b>                       | 100%                  | 100%                  | 100%                  |
| <b>Basic Restorative Care and Services</b>                        | 100%                  | 70%                   | 70%                   |
| <b>Simple Oral Surgery Services</b>                               | 80%                   | 60%                   | 60%                   |
| <b>Complex Oral Surgery Services</b>                              | 80%                   | 60%                   | 60%                   |
| <b>Basic Endodontic Therapy and Services</b>                      | 80%                   | 60%                   | 60%                   |
| <b>Major Restorative Services</b>                                 | 60%                   | 50%                   | 50%                   |
| <b>Prosthetics Services (including standard implant coverage)</b> | 50%                   | 50%                   | 50%                   |
| <b>Prosthetic Repairs and Adjustments</b>                         | 50%                   | 50%                   | 50%                   |