

Dental

Coverage Type	RED - Reasonable & Customary Plan	
	In-Network	Out-of-Network*
Preventive*** (what you pay)	0%	0%
Basic Restorative	20%	20%
Major Restorative	50%	50%
Orthodontia - (Adult/Child)	50%	50%
Deductible**		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum Per Person	\$2,000	\$2,000

*All Out-of-Network benefits are subject to balance billing based on Reasonable & Customary Charges **Applies only to Basic and Major Restorative Services

***You pay 20% for space maintainers

Coverage Type	BLUE - Reasonable & Customary Plan	
	In-Network	Out-of-Network*
Preventive*** (what you pay)	0%	0%
Basic Restorative	20%	20%
Major Restorative	50%	50%
Orthodontia - Child Only	50%	50%
Deductible**		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum Child(ren) Only	\$1,500	\$1,500

*All Out-of-Network benefits are subject to balance billing based on Reasonable & Customary Charges **Applies only to Basic and Major Restorative Services

***You pay 20% for space maintainers

Coverage Type	WHITE - Maximum Allowable Charge Plan	
	In-Network	Out-of-Network*
Preventive*** (what the plan pays/what you pay)	0%	0%
Basic Restorative	20%	20%
Major Restorative	50%	50%
Deductible**		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Per Person	\$750	\$750

*All Out-of-Network benefits are subject to balance billing based on the amount that would have been paid to an in-network provider for the same service

Applies only to Basic and Major Restorative Services *You pay 20% for space maintainers

Please note: A composite instead of an amalgam restoration/filling on posterior teeth is considered an optional service and will be covered based on the amalgam cost.