

Option 1: Traditional Preferred 100-80-50 \$1,000 Plan Year Maximum

Plan year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	\$50 individual \$150 family
Plan year maximum	<ul style="list-style-type: none"> Applied to preventive, basic and major services 	\$1,000
Preventive services	<ul style="list-style-type: none"> Oral examinations Full mouth X-rays (once every 5 years) Bitewing X-rays (1 set per calendar year) Periapicals and other X-rays Labs and other tests Cleanings Topical fluoride treatments (to age 14) Sealants (to age 14) 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> Fillings Denture repair and adjustments Space maintainers Endodontics (root canal) Periodontics (gum therapy) Routine extractions Emergency care for pain relief Oral surgery Appliances for children Prefabricated stainless steel crowns 	80 percent after deductible
Major services	<ul style="list-style-type: none"> Inlays or onlays Other crowns Dentures (complete & partial) Bridgework Denture relines & rebases 	50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers adult / child orthodontia 	50 percent up to \$1,000 lifetime maximum no deductible

(MAF): If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO Network dentist.