

Voluntary Dental



The following chart outlines the in-network and out-of-network benefits for the two dental plans that are available to you.

Base Plan

Services	In-Network	Out-of-Network
Deductible: Individual/Family	\$50/\$150	\$50/\$150
Annual Plan Max (per person)	\$1,000	\$1,000
Preventive & Diagnostic Services Routine cleanings, oral exams, & topical fluoride (child to age 19)	100%	100%
Basic Services X-rays, amalgam & composite fillings, simple extractions, space maintainers (child to age 19), sealants (child to age 16), endodontics, periodontics, & oral surgery	80% after ded.	80% after ded.
Major Services & Orthodontia	Not covered	Not covered

Buy-Up Plan

Services	In-Network	Out-of-Network
Deductible: Individual/Family	\$50/\$150	\$50/\$150
Annual Plan Max (per person)	\$1,000	\$1,000
Preventive & Diagnostic Services Routine cleanings, oral exams, & topical fluoride (child to age 19)	100%	100%
Basic Services X-rays, amalgam & composite fillings, extractions, space maintainers (child to age 19), sealants (child to age 16), endodontics, periodontics, oral surgery, root canal, & repairs (crowns)	80% after ded.	80% after ded.
Major Service Bridge and dentures, crowns, implants	50% after ded.	50% after ded.
Orthodontia Dependent children up to age 19	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000

* **Note:** if using an out-of-network provider, you may be charged for the balance between the provider's billed amount and the dental carrier's allowed amount. Please confirm the provider's name and address when reviewing the Provider Directory to determine participation status.

The benefit plan information shown in this guide are illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases.