

2023 SUMMARY OF COVERAGE

DENTAL PLAN

Feature/Type of Care	Plan Benefits
Annual Deductible – Waived for diagnostic and preventive services	\$50 per individual; \$150 per family
Calendar-Year Maximum Benefits – Applies to all services except Orthodontia	\$2,000 per individual
Diagnostic and Preventive Services* – Includes: <ul style="list-style-type: none"> • Preventive oral examinations • Cleaning, scaling and polishing of teeth (Preventive prophylaxis) • Topical applications of fluoride for dependent children • Full-mouth radiographs • Supplementary bitewing radiographs • Topical application of plastic sealants on dependent children • Installation and adjustment of fixed or removable space maintainers for dependent children and adults – only to replace prematurely-lost teeth 	Plan pays 100% of billed charge with no deductible
Emergency Treatment – When necessary to ease pain or infection, but not treatment to cure the pain or discomfort, such as extractions or permanent fillings.	Plan pays 100% of billed charge with no deductible
Basic Restorative Services* – Includes: <ul style="list-style-type: none"> • Repairing and restoring teeth, including amalgam, silicate and composite fillings • Oral surgery of the mouth including tooth extractions and pre-prosthetic surgery • General anesthesia • Treatment of teeth having damaged pulp, including root canal therapy (endodontics) • Treatment of gums and supporting structures (periodontics) • Cleaning and scraping of pockets in the gum tissue (periodontal prophylaxis) 	Plan pays 80% of billed charge after the annual deductible
Major Restorative Services* – Includes: <ul style="list-style-type: none"> • Crowns, inlays and onlays • Installation and addition of full or partial dentures or fixed bridgework • Dental implants • Replacement or alteration of full or partial dentures or fixed bridgework • Occlusal guards (for tooth grinding only) 	Plan pays 50% of billed charge after the annual deductible
Orthodontia Services – Coverage is limited to dependent children	Plan pays 50% of billed charge after the annual deductible (\$2,500 lifetime maximum per child)
Non-Surgical Treatment of Temporomandibular Joint (TMJ) Disorders	Plan pays 80% of billed charge after the annual deductible (\$1,000 lifetime maximum per person)

* See the SPD for details of limitations. Request a Pre-treatment Estimate for services over \$250, and on all orthodontic, periodontal or fixed bridgework regardless of expected cost.