



PLAN OVERVIEW:

	STANDARD	PREMIUM
Annual Deductible	\$55 per person; \$110 per family per calendar year	\$55 per person; \$110 per family per calendar year
Annual Maximum	\$1,500 per person	\$2,500 per person
Diagnostic & Preventive* (2 cleanings and 1 set of x-rays per calendar year)	Covered at 100%	Covered at 100%
Basic Services (Fillings and simple extractions)	Covered at 80%	Covered at 90%
Major Services (Dentures, bridges, implants and crowns)	Covered at 50%	Covered at 60%
Orthodontia	Covered at 50% Lifetime maximum \$1,250 (Dependent children under the age of 19 only)	Covered at 50% Lifetime maximum \$2,500 (Adults and children)
Temporomandibular Joint Disorder (TMJ-Bite Guard)	Not covered	Covered at 90%

* Costs associated with diagnostic and preventive care (cleanings oral exams, and x-rays) will not count against the annual maximum