

# Highlights of your Dental Coverage

**Effective Date: 01/01/2025**

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	EMBEDDED PEDIATRIC DENTAL	
	IN-NETWORK	OUT-OF-NETWORK
<b>DENTAL COST SHARE</b>		
<b>Individual/Family Deductible</b>	Same as Medical	Same as Medical
<b>Preventive Cost Share</b>	Covered in Full	Medical Deductible, then 30% Coinsurance, applies to Out of Pocket Maximum
<b>Basic Cost Share</b>	Waive Medical Deductible, then 20% Coinsurance, applies to Out of Pocket Maximum	Medical Deductible, then 40% Coinsurance, applies to Out of Pocket Maximum
<b>Major Cost Share</b>	Medical Deductible, then 50% Coinsurance, applies to Out of Pocket Maximum	Medical Deductible, then 50% Coinsurance, applies to Out of Pocket Maximum
<b>Dental Annual Maximum</b>	Not Applicable	Shared with In Network
<b>DIAGNOSTIC / PREVENTIVE</b>		
<b>Cleanings (2 PCY)</b>	Preventive Cost Share	Preventive Cost Share
<b>Routine Oral Exams (2 PCY)</b>	Preventive Cost Share	Preventive Cost Share
<b>Bitewing X-Rays (2 PCY to maximum of 4)</b>	Preventive Cost Share	Preventive Cost Share
<b>Routine X-Rays (Full Mouth or Panoramic: 1 complete series or panoramic x-ray in any 36 consecutive months (but not both); Periapical: Unlimited; Occlusal Intraoral: Once every 24 months)</b>	Preventive Cost Share	Preventive Cost Share
<b>BASIC</b>		
<b>Emergency Exams (Unlimited)</b>	Basic Cost Share	Basic Cost Share
<b>Fillings (Once every 24 months)</b>	Basic Cost Share	Basic Cost Share
<b>Periodontal Maintenance (4 PCY, age 13 and older)</b>	Basic Cost Share	Basic Cost Share
<b>Periodontal Scaling and Root Planing (Scaling and Root Planing 1 per quadrant every 24 months ages 13 and older)</b>	Major Cost Share	Major Cost Share

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	IN-NETWORK	OUT-OF-NETWORK
<b>Endodontics</b> (Limited to permanent anterior, bicuspid, and molar teeth excluding teeth 1, 16, 17, and 32)	Major Cost Share	Major Cost Share
<b>Simple Extractions</b>	Basic Cost Share	Basic Cost Share
<b>Surgical Extractions</b>	Major Cost Share	Major Cost Share
<b>Direct Pulp Cap</b> (Direct only)	Major Cost Share	Major Cost Share
<b>Emergency Palliative Treatment</b>	Basic Cost Share	Basic Cost Share
<b>Full Mouth Debridement</b> (Once every 3 years)	Basic Cost Share	Basic Cost Share
<b>General Anesthesia</b>	Major Cost Share	Major Cost Share
<b>MAJOR</b>		
<b>Oral Surgery</b>	Major Cost Share	Major Cost Share
<b>Installation of Crowns</b> (Indirect crowns only covered for members age 12 and older, limited to permanent anterior teeth only, 1 every 5 years)	Major Cost Share	Major Cost Share
<b>Re-Cementing/Repair of Crowns</b> (Permanent crowns only age 12 and older)	Basic Cost Share	Basic Cost Share
<b>Build-Ups</b> (Unlimited)	Major Cost Share	Major Cost Share
<b>Installation or Replacement of Dentures, Partials and Fixed Bridges</b> (Resin partial denture; replace 1 every 3 years; complete denture upper and lower and 1 replacement per lifetime after at least 5 years from placement. Fixed denture (bridge) replace 1 every 7 years.)	Major Cost Share	Major Cost Share
<b>Repair or Re-cement Bridgework and Dentures</b> (Crown repair once per tooth per lifetime, and denture/bridge repair once per 12-month period)	Major Cost Share	Major Cost Share
<b>Implants</b> (Surgical implant not covered; dental implant crown/implant abutment-related procedures 1 every 7 years)	Major Cost Share	Major Cost Share

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.*

**Notice of availability and nondiscrimination 800-722-1471 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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