# Dental Plan 2010

## IN-NETWORK

**Annual Deductible**
- $25 per person
- Applies to:
  - Preventive Care
  - Basic Care
  - Major Care

**Preventive Care**
- Routine cleanings
- Check-ups
- X-rays
- Fluoride treatments
- 100%, no deductible
- NOTE: No charge for topical fluoride application – up to age 16.

**Basic Care**
- Fillings
- Extractions
- Endodontics
- Periodontics
- 85% after deductible

**Major Care**
- Crowns
- Bridges
- Dentures
- 60% after deductible

**Orthodontic Care**
- Available to children age 19 or under
- 50%, no deductible
- 12-month waiting period

**Maximums**
- Preventive Care (Calendar Year): $2,000 per person
- Basic Care (Dependent Children): No maximum

## OUT-OF-NETWORK

**Annual Deductible**
- $25 per person
- Applies to:
  - Preventive Care
  - Basic Care
  - Major Care

**Preventive Care**
- Routine cleanings
- Check-ups
- X-rays
- Fluoride treatments
- 100% after deductible
- NOTE: No charge for topical fluoride application – up to age 16.

**Basic Care**
- Fillings
- Extractions
- Endodontics
- Periodontics
- 70% after deductible

**Major Care**
- Crowns
- Bridges
- Dentures
- 50% after deductible

**Orthodontic Care**
- Available to children age 19 or under
- 50%, no deductible
- 12-month waiting period

**Maximums**
- Preventive Care (Calendar Year): $2,000 per person
- Basic Care (Dependent Children): No maximum

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This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

Out of Network - Members may be balance billed by the provider for charges over the allowable amount.

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