



FY24 DENTAL PLAN DESIGNS (7/1/23 - 6/30/24)

Deductibles and Benefit Periods run calendar year (Jan. 1 - Dec. 31)

Bolded benefits under Buy Up Plan are enhanced from the Basic Plan.

(This flyer is not a complete list - see SPDs for complete summary, frequency, and limitations of services)

	Basic Plan	Buy-Up Plan		
Deductible: Single / Family	\$25 / \$75	\$25 / \$75		
Annual Benefit Max <i>(total amount the insurance will pay per person/per year)</i>	\$750	\$1,500.00		
Coinsurance After Deductible				
Check-Ups and Teeth Cleaning <i>(Diagnostic and Preventative Services)</i>	100% covered; deductible waived	100% covered; deductible & annual max waived		
Dental Cleaning *(2x per benefit period)				
Oral Evaluation *(2x per benefit period)				
Fluoride Applications (1x every 6 consecutive months)				
X-rays (see SPD for details)				
Cavity Repair, Tooth Extractions <i>(Routine and Restorative Services)</i>	80% / 20%	80% / 20%		
Includes routine oral surgery				
Sealant Applications (children under age 15)	80% / 20%	100% covered; deductible & annual max waived		
Space Maintainers (children under age 14)				
Root Canals <i>(Endodontic Services)</i>	80% / 20%	80% / 20%		
see SPD for details				
Gum and Bone Diseases <i>(Periodontal Services) - subject to DD review, see SPD</i>	80% / 20%	80% / 20%		
Conservative Procedures; Maintenance Therapy				
Complex Procedures	50% / 50%	80% / 20%		
High Cost Restorations <i>(Cast Restorations)</i>	80% / 20%	80% / 20%		
Crowns; Inlays; Onlays; Posts and Cores				
Dentures and Bridges <i>(Prosthetics)</i>	50% / 50%	50% / 50%		
Bridges; Dentures (1 x every 5 yrs)				
Straighter Teeth <i>(Orthodontics)</i>	50% / 50%, lifetime max \$1000; deductible & annual max waived	50% / 50%, lifetime max \$2000; deductible & annual max waived		
Proper alignment of teeth (children under age 19)				
Other Feature - ENHANCED BENEFITS PROGRAM <i>(see EBP flyer for more information and how to register)</i>	Not Included	Included		
* Two (2) additional cleanings each year for those with certain medical and dental conditions				
* One (1) additional cleaning for pregnancy				
EMPLOYEE DENTAL PREMIUMS ARE BASED UPON YOUR MEDICAL ELECTION/DECLINATION <i>(e.g. - You elected a Family Medical plan. If you elect the FAMILY BASIC PLAN, your dental premium is \$0)</i>	Monthly Dental Premiums			
	Single Basic Dental	Family Basic Dental	Single Buy-Up Dental	Family Buy-Up Dental
Single Medical	\$0	\$46.06	\$14.05	\$95.12
Family Medical	\$0	\$0	\$14.05	\$49.06
Decline Medical	\$22.74	\$68.80	\$36.79	\$117.86