

# DENTAL

Benefit	Base PPO	Buy-Up PPO
	Aetna	Aetna
	In-Network / Out-of-Network	In- Network / Out-of-Network
<b>Calendar Year Maximum</b> Per Individual / Per Benefit Year	\$1,000 per person	\$2,500
<b>Calendar Year Deductible</b> (waived for preventive) Per Individual / Per Family	\$50 / \$150	\$0 / \$0
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>oral exams/cleanings</li> <li>bitewing X-Rays</li> <li>fluoride application</li> <li>sealants</li> </ul>	Covered 100% / no deductible	Covered 100% / no deductible
<b>Basic Services</b> <ul style="list-style-type: none"> <li>fillings – composite and amalgam</li> <li>space maintainers</li> <li>oral surgery – all except simple extraction</li> <li>deep cleaning for gum disease</li> </ul>	70% after deductible	80% after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>crowns / inlays / onlays</li> <li>bridges / dentures</li> <li>general anesthesia</li> </ul>	50% after deductible	In-Network: 80% / Out of Network: 50% after deductible
<ul style="list-style-type: none"> <li>Implants</li> </ul>	Not Covered	Not Covered
<b>Orthodontia</b> (children to age 19)	50% (no deductible)	50% (no deductible)
<b>Orthodontia Lifetime max.</b> (per individual)	\$1,000	\$2,500

This Summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.