

DENTAL INSURANCE SUMMARY - RATES FOR 2020

BENEFIT	DENTAL PAY PLUS	
Plan Summary	In-Network plan utilizes participating dentists. Out-of-Network allows freedom of choice.	
Dependents covered to age 19, 23 if full-time student	In-Network	Out-of-Network
Preventative Services: Oral Exams X-rays & Diagnostic Teeth Cleanings (1 every 6 months) Fluoride Treatment Topical Sealant Emergency Treatment	100%	80%
Minor Restorative Services: Fillings Space Maintainers Oral Surgery Extractions Root Canals Stainless Steel Crowns Recementation Crowns/Inlays Occlusion Adjustment Local Anesthesia	80%	60%
Major Restorative Services: Porcelain Crowns Inlay/Onlay Endodontics Periodontic Services Partial & Full Dentures Fixed & Removable Bridgework Repair to Dentures/Bridgework	50%	50%
Annual Deductible	NONE	\$50, 3 per family
Annual Maximum per Person	\$1,000	\$1,000

The above is for illustrative purposes only. It is provided as a summary of benefits and is intended to act as a tool for employees to review the plan at the time of enrollment. It is not a comprehensive list of covered services and does not represent actual contract language. Please refer to your Summary Plan Description (SPD) booklet which you will receive after you enroll in the plan for a complete description of covered benefits under the plan.

Monthly Premiums:

Single Contract: \$61.70

Family Contract: \$152.68