

# Dental Benefits Summary



Benefit Type	In Network Providers	Non-Network Providers
Type 1 Preventive	100% MAC (maximum allowable coverage)	70%* UCR (usual customary & reasonable)
Type 2 Basic	80%/90%*/100%* MAC *subject to annual exam and cleanings	60%* UCR
Type 3 Major	50%* MAC	40%* UCR
Periodontal Coverage	80%* MAC	60%* UCR
Endodontics	80%* MAC	80%* UCR
*Annual Deductible (individual/Family)	\$50/\$150 Type 2&3 Combined	\$50/\$150 <b>Type 1, 2, &amp; 3</b> Combined
Annual Maximum Benefit Amount	\$2,000	\$1,000
Type 1 waiting period	None	None
Type 2 waiting period	6 months (newly enrolled)	6 months (newly enrolled)
Type 3 waiting period	12 months (newly enrolled)	12 months (newly enrolled)
Orthodontia	\$1,000 Life Time Max	<b>No Coverage</b>
Ortho waiting period	12 months (newly enrolled)	N/A