

Dental

	Option	
	Standard	Comprehensive
Plan Year Deductible— (July 1, 2016 to December 31, 2017)	<ul style="list-style-type: none"> • \$25 Individual • \$75 Family (for Basic Restorative Care) 	<ul style="list-style-type: none"> • \$50 Individual • \$150 Family (for Basic and Major Restorative Care combined)
Plan Year Maximum Benefits	\$1,000 per person	\$1,500 per person
Lifetime Maximum	None	None
Diagnostic (routine oral exams once every 6 months, bitewing x-rays once a year, complete x-rays every 5 years)	100%	100%
Preventive Cleanings (once every 4 months, up to 3 per year); fluoride treatment once a year, space maintainers to age 15, sealants on molars once in 3 years (per tooth) to age 19	100%	100%
Basic Restorative Care* (fillings, surgical and routine extractions, periodontal cleanings, emergency palliative treatment)	80%	80%
Major Restorative Care (crowns, onlays, implants, bridges, dentures)	Not Covered	50%
Orthodontia	Not Covered	50%; \$1,500 per person lifetime maximum