Highlights of your Dental Coverage

0 : <=AGF<CS%EM%#@?FQ?

VGE>K% ' > I DAGa%,)))) bb

MMABC<=A% ?CAa) `X) , X( ) (*

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

' 2#$%&$# ' %%	( ) (*% ' 2#$%W#1!"%+_)X) cX( ) cX_) c%+(-))) -%?%0 : <=AGF<CS%EM%#@?FQ?	
	!'6' 27385	3026396' 27385
8A6BA I A : C%EG%8ADE : ; %"GEN : FX! : @?SX3 : @?S (When performed 6 or more months after placement)	Deductible, then 20%	Deductible, then 20%
8AK?<G%"GEN : X! : @?SX3 : @?S (When performed 6 or more months after placement)	Deductible, then 20%	Deductible, then 20%
: ; E ; E : C<BF		
: ; E ; E : C<B%2OAG?KS%6%8EEC%"? : ?@ (Once per tooth every 24 consecutive months)	Deductible, then 20%	Deductible, then 20%
&AG<E ; E : C<BF		
&AG<E ; E : C?@% ?< : CA : ? : BA (4 PPY)	Deductible, then 20%	Deductible, then 20%
9>@@% E>CO% ADG< ; A I A : C (Once every 36 consecutive months)	Deductible, then 20%	Deductible, then 20%
&AG<E ; E : C?@%1B?@< : L%? : ; %8EEC%&@? : < : L (Once per quadrant every 24 consecutive months)	Deductible, then 20%	Deductible, then 20%
&AG<E ; E : C?@%1>GLAGS (Once per quadrant every 36 consecutive months)	Deductible, then 20%	Deductible, then 20%
&AG<E ; E : C?@%1EMC%2<FF>A%VG?MCF (Once per quadrant every 36 consecutive months)	Deductible, then 20%	Deductible, then 20%
&GEFCOE ; E : C<BF%H A : C>GAFXWG< ; LAFP		
! : FC?@@?C<E : %EG%8AK@?BA I A : C%EM% A : C>GAF-%&?GC<?@F%? : ; %9<RA ; %WG< ; LAF		