

Dental Summary of Benefits



Douglas County

MAXIMUM CALENDAR YEAR BENEFIT	\$1,500	
Plan benefits for each Person will not exceed the maximum shown above.		
CALENDAR YEAR DEDUCTIBLE		
Individual Deductible	\$50	
Family Maximum Deductible	Three	
<p>Individual Deductible – The Individual Deductible is an amount which a Covered Person must contribute toward payment of eligible dental expenses. In most instances, the deductible applies before the Plan begins to provide benefits.</p> <p>Family Maximum Deductibles – Three (3) Individual Deductibles must be satisfied by separate family members before the Family Maximum Deductible will be met. Members cannot combine amounts to satisfy the Family Maximum Deductible. A “family” includes a Covered Employee and his/her covered Dependents.</p>		
ELIGIBLE DENTAL EXPENSES	Covered Person Pays	Pays
Preventive Services	0%	100%
<p>Limits applicable to certain Preventative Services:</p> <ul style="list-style-type: none"> • Routine oral examinations and prophylaxis/periodontal cleanings are limited to two (2) each per Calendar Year. • Fluoride application is limited to children under age 19 and to one (1) applications per Calendar Year; • Routine bitewings xrays are limited to two (2) films per Calendar Year; • Panoramic or full-mouth X-rays are limited to once per 3-year period. 		
Basic Services	20%	80%
<p>Limits applicable to certain Basic Services:</p> <ul style="list-style-type: none"> • Sealants are limited to children under age 17. Reapplication is limited to once per tooth, per 3 year period; • Full mouth debridement is limited to once per 5-year period; • Gingivectomy or gingivoplasty, gingival curettage, gingival flap procedure, osseous surgery and bone replacement grafts are limited to once in a 3-year period; • Pedicle soft tissue graft, free soft tissue graft or sub epithelial connective tissue grafts are limited to two (2) sites per quadrant, per 3-year period; • Stainless steel crowns are limited to individuals under age 19. 		
Major Services	50%	50%
THIS IS A SUMMARY ONLY. PLEASE REFER TO THE ELIGIBLE DENTAL EXPENSES AND DENTAL LIMITATIONS AND EXCLUSIONS SECTIONS FOR MORE INFORMATION.		