

Dental Coverage

OUTLINE

Your dental plan includes preventive, basic, major, and orthodontic coverage tiers. Your plan features no waiting periods and flexibility.

COVERAGE TIERS

COVERAGE TIER	THIS PLAN PAYS
Preventive	100%
Basic	80%
Major	50%
Orthodontic	25%

NETWORK

We will work with any licensed provider. You can choose who you would like to work with! Reimbursements for providers that do not bill the plan are also available.

ANNUAL LIMIT

Your plan will pay up to **\$2,000** per year, per member. All coverage tiers apply to the annual limit.

DEDUCTIBLE

The deductible is **\$50** per member or **\$150** per family. The deductible applies to basic, major, and orthodontic services. Preventive care does not require a deductible.

ORTHODONTICS

Your plan will pay **25%** of orthodontic services up to a **\$1,000** lifetime limit per member.