

Dental Plan



	High Option In-Network / Out of Network	Low Option In-Network / Out of Network
Deductible (individual/family)	\$50 / \$150	\$50 / \$150
Preventive Services	100%, no deductible	100%, no deductible
Basic Services	80% after deductible	50% after deductible
Major Services	50% after deductible	Not Covered
Annual Maximum	\$1,000	\$1,000
Orthodontia	50%, no deductible Child Ortho -through age 18; Ortho lifetime max of \$1,000	Not Covered

