



Summary of Benefits

Dental Benefit Summary

Plan Information

Dental - DentalGuard Pref - Washington D.C. Buy-Up Dental - DentalGuard Pref - Washington D.C.

Coverage Information

	Dental - DentalGuard Pref - Washington D.C. Buy-Up		Dental - DentalGuard Pref - Washington D.C.	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Washington D.C. network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$100, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived	Waived	Waived
Basic	Not Waived	Not Waived	Not Waived	Not Waived
Major	Not Waived	Not Waived	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,500	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,500	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes	Yes	Yes

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	In Network	Out ofNetwork	In Network	Out ofNetwork
Monthly Switch	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of reasonable and customary.)	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None
Preventive Care:	100%	100%	100%	90%
Bitewing X-Rays	100%	100%	100%	90%
Cleaning	100%	100%	100%	90%
Oral Exams	100%	100%	100%	90%
Sealants (per tooth)	100%	100%	100%	90%
Basic Care:	90%	80%	80%	70%
Full Mouth X-Rays	90%	80%	80%	70%
Fillings (one surface)	90%	80%	80%	70%
General Anesthesia ¹	90%	80%	80%	70%
Scaling & Root Planing (per quadrant)	90%	80%	80%	70%
Simple Extractions	90%	80%	See Major Care for benefits	See Major Care for benefits
Major Care:	60%	50%	50%	40%
Dentures	60%	50%	50%	40%
Single Crowns	60%	50%	50%	40%
Simple Extractions	See Basic Care for benefits	See Basic Care for benefits	50%	40%
Orthodontia	50%	50%	50%	50%