

## Dental Insurance Benefit Summary

DENTAL CHOICE	YOU PAY	
	IN-NETWORK	OUT-OF-NETWORK
<b>Class I: Diagnostic/Preventive Services</b> • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	0%
<b>Class II: Basic Services</b> • Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery) • Endodontic Services • Periodontal Services	20%	20%
<b>Class III: Major Services</b> • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Implants	50%	50%
<b>Class IV: Orthodontia Services</b> 12-month Waiting Period	50%	50%
<b>Covered Expenses</b>	Percentage of coverage is paid at the pre-negotiated fees.	Percentage of coverage is paid based on the 90 <sup>th</sup> percentile usual and customary rates (UCR)
<b>Maximum Benefit</b> per contract year for all Class I, III and III expenses.	\$2,000 per person	
<b>Orthodontic Lifetime Maximum Benefit</b> for Dependent Child(ren) up to age 19	\$1,000 per person	
<b>Deductible</b> applicable to Class II and III covered expenses. <i>Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)</i>	\$50 per person	

### 2022 - 2023 Monthly Premium

4 Tier			
Employee \$ 34.28	Employee plus Spouse \$ 67.69	Employee plus Child(ren) \$ 85.69	Employee plus Family \$ 119.10
3 Tier			
Employee \$ 34.28	Employee plus One \$ 72.29	Employee plus Family \$ 115.36	
2 Tier			
Employee \$ 34.28	Employee plus Family \$ 94.09		

Rates effective 10/01/22

The above provides only a brief description of your dental insurance plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 888-862-8659.

Visit our website at [BenefitSource.org](http://BenefitSource.org) for a current list of PPO providers in your area.



**Marketed by BenefitSource, Inc.**

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