



ACTIVE DENTAL PLAN DESIGN PLAN YEAR 2025

None

Coinsurance

Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*

Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*

Plan pays 100% (less copayment); 100% Diagnostic and Preventive

Copayments	None	None	Varies depending on service
Benefits Maximum	\$3,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$1,000 (lifetime) per child for orthodontics	\$2,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$750 (lifetime) per child for orthodontics	Unlimited
Provider Limitations	Must use participating dentist	Any licensed dentist	Must use DPO-participating dentist Services listed below are covered in full subject to copayments
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%	Oral evaluations limited to twice per calendar year; Plan pays 90%	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-Rays	Covered subject to limitations; Plan pays 100%*	Covered subject to limitations; Plan pays 90%*	Covered subject to limitations; Plan pays 100%
Cleanings (Oral Prophylaxis)	Two cleanings per calendar year; Plan pays 100%*	Two cleanings per calendar year; Plan pays 90%*	Two cleanings per calendar year; Plan pays 100%

coinsurance as shown above

Under age
Plan pays

* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.

Must use DPO-participating dentist			
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