

Voluntary Dental Plan

- ✓ **NO WAITING PERIODS - NO ADMIN FEES**
- ✓ No Employer Contribution / Participation
- ✓ Deluxe & Deluxe Plus plans pay out of network at 80th percentile UCR
- ✓ Lifetime Deductibles

CALDENT VOLUNTARY PLANS						
	Standard ¹	Deluxe ²		Deluxe Plus ²		Benefits
Calendar Year Maximum (In and Out of network combined)	\$1,000	\$1,500		\$2,000		
	In or Out of Network	In Network	Out of Network	In Network	Out of Network	
Preventive Services <i>No Waiting Period</i>	100%	100%	80%	100%	Yr 1 / Yr 2 / Yr 3 80% / 85% / 90%	Exams – 2 per calendar year; Cleaning – 2 per calendar year; Bitewing X-rays–1 per calendar yr; Emergency Palliative Treatment; Fluoride – 1 per cal year to age 16 Sealants – to age 16
Lifetime Deductible	\$50	\$50	\$100	\$50	\$100	
Basic Services (includes Endodontics) <i>No Waiting Period</i>	80%	80%	65%	80% <i>+ Includes Perio</i>	65% / 70% / 80% <i>+ Includes Perio</i>	
Lifetime Deductible	\$50	\$50	\$100	\$50	\$100	Simple Extractions; Fillings; Consultation; Diagnostic X-rays – 1 every 3 yrs; Endodontics (Root Canal); Space Maintainers – to age 14
Major Services <i>No Waiting Period</i>	50% <i>+Includes Perio</i>	50% <i>+Includes Perio</i>	40% <i>+Includes Perio</i>	50% <i>+Includes Implants</i>	40% / 45% / 50% <i>+Includes Implants</i>	Oral Surgery, Crowns, Dentures, Bridges, Inlays, Onlays, Nightguards
Lifetime Deductible	\$50	\$50	\$100	\$50	\$100	
ORTHODONTIA BENEFITS (Additional Premium Applies)						
Ortho Services	<i>Not Covered</i>	50%		50%		Straightening of Teeth Dependent children to age 19 only
Calendar Year Maximum		\$400		\$700		
Lifetime Maximum		\$1,200		\$2,100		

- Prior extractions not covered unless it includes replacement of a natural tooth lost or extracted while covered under this plan. Limitation ends after covered under this policy for 36 consecutive months.
- Unmarried dependent children are covered from age 19 until their 26th birthday
- Prosthetic replacement – one time every 5 years.

1. Participating and Non Participating Providers paid at the applicable Fee Schedule

2. Participating Providers paid at the applicable fee schedule; Non Participating Providers paid at 80th percentile UCR

**THIS FORM IS A SUMMARY OF PLAN BENEFITS ONLY –
REFER TO BENEFIT CERTIFICATE FOR COMPLETE BENEFIT DETAILS
INCLUDING LIMITATIONS AND EXCLUSIONS.**