



Benefit Summary for Group:

Germantown School Dist 2

Effective Date: 7/1/2022

	Dental Plus 1015		
	In-Network	Out-of-Network	Additional Information
General Information			
Provider Network	Traditional Dental		Members can receive dental services from a non-participating provider in the BlueCross BlueShield contracted network of providers. Non-participating dental providers are permitted to balance bill the member.
Benefit Administration Date	1/1		
Dependent Age	19/25		
Domestic Partner and Children	Not covered		
Dental Services			
Annual Benefit Maximum	N/A (Classes I-III); N/A (Class IV)	N/A (Classes I-III); N/A (Class IV)	
Deductible	N/A	N/A	
Preventive / Diagnostic Care (exam, cleaning, x-rays)	20% coinsurance	20% coinsurance	
Basic Restorative (fillings, extractions, periodontics, endodontics)	20% coinsurance	20% coinsurance	
Major Dental (bridges)	Not covered	Not covered	
Major Dental (crowns)	20% coinsurance	20% coinsurance	
Major Dental (dentures)	Not covered	Not covered	
Orthodontia (cosmetic, routine braces covered)	Not covered	Not covered	

*This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan.

