



2025 Benefits Package

Dental

Deductible: \$50 individual \$150 family

Annual Maximum: \$2000

Orthodontia (Pediatric): \$1500 Lifetime

Plan coverage	In-network (PPO fee)	Out-of-network (90th percentile UCR)
Preventive & Diagnostic Diagnostic and preventive: exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
Basic Emergency palliative treatment: to temporarily relieve pain Endodontics: root canals Minor restorative: fillings Oral surgery: extractions and dental surgery Periodontics: to treat gum disease Prosthetic maintenance: relines and repairs to bridges and dentures	80% <i>After deductible</i>	80% <i>After deductible</i>
Major Implants: endosteal in lieu of a 2 or 3 unit bridge Major restorative: crowns, inlays, and onlays Prosthetics: bridges Prosthodontics: dentures	50% <i>After deductible</i>	50% <i>After deductible</i>
Orthodontia Child Orthodontics: braces with age limit of 19	50%	50%



Rates

	Employee Only	Employee Spouse	Employee Child(ren)	Employee Family
Weekly Rate	\$ 9.29	\$ 18.57	\$ 28.18	\$ 37.47

Provider Lookup:

