



## 2025

	<u>Dental Plan 1</u>
<b><u>Benefits</u></b>	In Network
<b><u>Class I - Diagnostic &amp; Preventive</u></b>	
Exams & Cleaning, Xrays, Sealants, Flouride	100% (Ded Waived)
<b><u>Class II - Basic</u></b>	
Restorations, Endodontics, Periodontics, Oral Surgery	80%
<b><u>Class III - Major</u></b>	
Crowns, Dentures, Bridges and Implants	50%
<b><u>Annual Maximum Per Person</u></b>	
(January 1 - December 31)	\$1,500
<b><u>Deductible (Waived on Class I)</u></b>	
Per person/per benefit period	\$50 Individual/\$150 Family
<b><u>Orthodontia</u></b>	
Adults & Dependent Children Lifetime maximum per Enrollee	Not Covered

Balance billing may apply if a provider is not contracted with Premera Blue Cross.