

Benefits	True Advantage PPO Dental Plan – in-network & out-of-network ¹		Golden West Pacesetter Dental HMO
	In-Network	Out-of-Network	
Annual Deductible	None for preventive services, \$50 individual \$100 family	None for preventive services, \$50 individual \$100 family	None
Calendar Year Maximum	\$1,500/person	\$1,500/person	None
Diagnostic & Preventative			
Exams	No charge	No charge ¹	No charge
Cleaning	No charge	No charge ¹	No charge
Full Mouth Xrays	No charge	No charge ¹	No charge
Topical Fluoride – Child	No charge	No charge ¹	No charge
Sealants (per tooth)	No charge	No charge ¹	\$20
Restorative			
Fillings	10%	20% ¹	\$8-\$25 depending on type
Endodontics			
Single Root Canal	10%	20% ¹	\$100 (anterior)
Bicuspid Root Canal	10%	20% ¹	\$150
Molar Root Canal	10%	20% ¹	\$200
Periodontics			
Gingival Curettage/Quadrant	10%	20% ¹	Depends on service
Gingivectomy/Quadrant	10%	20% ¹	Depends on service
Crown & Bridge²			
Crowns	40%	40% ¹	\$250 + lab fees
Bridges	40%	40% ¹	\$200-\$250
Prosthetics			
Complete Upper Denture	40%	40% ¹	\$250
Full Lower Denture	40%	40% ¹	\$250
Oral Surgery			
Simple Extraction	10%	20% ¹	\$10
Impaction	10%	20% ¹	\$70-\$120
Cosmetic			
Veneers, Teeth Whitening, White Filling	Not covered	Not covered	Not covered
Orthodontics			
Child	50%	50% ¹	\$1,795
Adult (19 & Up)	50%	50% ¹	\$1,795
Lifetime Maximum	\$1,500	\$1,500	Coverage amount

¹ You will pay any amount charged by your provider that is in excess of what is considered usual, customary and reasonable. If your dental services are provided by a True Advantage provider, there is no charge above the applicable percentage of the provider's contracted amount.

These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). If any discrepancy exists between this summary and the official plan documents, the official plan documents will prevail.