



Dental Plans

Schedule of Benefits	Golden West Dental True Advantage Select PPO	
	In-Network	Out-of-Network*
CALENDAR YEAR MAXIMUM	\$1,500 per person	
CALENDAR YEAR DEDUCTIBLE	\$50 per Person (2x for Family)	
DIAGNOSTIC & PREVENTIVE Exams, Cleanings, Flouride Treatment, Full Mouth X-ray, Sealants	100%	100%
BASIC SERVICES Fillings, Restorations, Space Maintainers, Specialist Consultation, Emergency Treatment, Oral Surgery, Periodontics, Endodontics	90%	80%
MAJOR SERVICES Inlays, Crowns and Bridges, Onlays, Dentures	60%	50%
ORTHODONTICS Child/Adult	50% to \$1,500 lifetime maximum Deductible does not apply	

*Out of network reimbursement is set at a level that is within the common range of fees billed by a majority of dentists for a procedure in a given geographic region.

The information in this summary is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.