

Dental



Why do I need dental coverage?

- **PREVENTIVE: 2 CHECKUPS PER YEAR AT NO COST**
- **HELPS PAYS FOR DENTAL WORK**
- **PROTECT YOURSELF AGAINST EVER-INCREASING DENTAL COSTS**
- **A WINNING SMILE!**

Few people enjoy a trip to the dentist's office. Dental coverage encourages you to take advantage of the benefit and have your teeth cleaned twice a year at no cost to you! If you require extensive dental work, it is important to have insurance to help you with the increasing costs of fillings, crowns, and dentures. Dental insurance helps prepare you to meet unexpected expenses and budget your dental expenses throughout the year.

What advantages does Gordmans offer?

Gordmans Dental Plan provides routine cleanings and X-rays twice per calendar year for every person covered under the plan with benefits up to 100% of the maximum allowable charge. The Dental Plan is an inexpensive way to make sure you are covered if you require fillings, crowns, or dentures.

Summary of Dental Benefits

*Please Note: Orthodontia benefits are NOT covered under this plan.
 *This summary is intended as a brief description only of your group dental plan.
 Please refer to the actual Summary Plan Description language and your Group Plan Document for more detail.*

CALENDAR YEAR DEDUCTIBLES:

- Coverage A \$ 0
- Coverage B \$ 25
- Coverage C \$ 25

COINSURANCE PERCENTAGE:

- Coverage A 0%
- Coverage B 20%
- Coverage C 50%

MAXIMUM DENTAL BENEFITS:

Calendar year maximum benefits (per person) for Types A, B, and C Dental Coverage combined is \$2,000.

Co-payment for Coverage B & C combined per person is \$25.

COVERAGE A PREVENTIVE AND DIAGNOSTIC DENTISTRY

- Two oral examinations each calendar year
- Two treatments including cleaning, scaling, and polishing each calendar year.
- One set of x-rays (bitewing) each calendar year.
- Topical fluoride application limited to 2 times a year under the age of 16 .
- Space maintainers for prematurely lost teeth for children under age 16.
- Limited to Covered Persons under the age of 16 and once per first or second permanent molar every 4 calendar years.

COVERAGE B BASIC DENTISTRY

- Simple Extractions limited to one time per tooth per lifetime.
- Restorations (Amalgam or Anterior composite)
- Emergency Treatment/General Services
- Periodontics
- Inlays
- Endodontic Root Canal Therapy: limited to one time per tooth per lifetime.
- Oral surgery (includes surgical extractions)

COVERAGE C MAJOR SERVICES

- Onlays/Crowns.
- Fixed Partial Dentures (Bridges)
- Dentures and other removable Prosthetics