

# Dental Summary

## Licensed

Benefit	OEA Choice Trust Preferred Dental Plan	
	In Network	Out of Network
Maximum Paid Per Year	\$1,500	\$1,500
Annual Deductible	None	None
<b>Class I Services</b> Diagnostic, Preventative	70% - 100% (Increases 10% if dentist is visited once each year)	50% - 80% (Increases 10% if dentist is visited once each year)
<b>Class II Services</b> Endodontic, Oral Surgery, Restorative, Periodic Services	70% - 100% (Increases 10% if dentist is visited once each year)	50% - 80% (Increases 10% if dentist is visited once each year)
<b>Class III Services</b> Gold Fillings, Crowns, Inlays when necessary for restoration	50%	50%
<b>Class IV Services</b> Dentures, Bridges, Partials, Prosthodontics	50%	50%
<b>Orthodontia</b>	80% to \$1,000 lifetime maximum per family member	80% to \$1,000 lifetime maximum per family member