

# Dental Summary

## Supervisory/Technical

Benefit	Blue Cross Plan A - Traditional
<b>Choice of Provider</b>	May go to any dentist but Participating Providers won't charge for any balances beyond deductible and coinsurance amount for covered expenses. Non-participating providers may charge for any balance above usual & customary services.
<b>Annual Deductible</b> (per calendar year)	\$25 per person \$75 per family
<b>Annual Limit</b> (per calendar year)	\$1,500
<b>Preventive/Basic Care</b> Exams, Cleaning, X-rays, fluoride, fillings, simple extractions, root canal therapy	70% - 100% - Benefits increase 10% each calendar year only if the dentist is seen for covered services.
<b>Prosthetics</b> Dentures, bridges, crowns, inlays, space retainers	50% after deductible
<b>Orthodontia</b>	50% after deductible