

Highlights of your Dental Coverage

Plan ID: A56705i 375UE TLkZ LFik fil

J; 92?ifil2= 85; UZk k k k k k VV

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

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filik fil i ~ fi&_ ~ iK _ % ~ i ZŠLkLk VLFik WLšLk WŽfilik k k k k k k k i 3i\$. D5; : OG9A_ 4B: E3

- 5*65= 5. 79; i, 589. / i ; 9B. : L. 4GL' . 4BG (When performed 6 or more months after placement)
- 5?30i ; 9B. L. 4GL' . 4BG (When performed 6 or more months after placement)
- ~ . /9/9. 7k:
- ~ . /9/9. 7k&C5; 3?G*i, 997~ 3. 34(Once per tooth every 24 consecutive months)
- / 5; 9/9. 7k:
- / 5; 9/9. 7k 30 7k. 3. 65 (4 PPY)
- 24 927i 58; 05= 5. 7(Once every 36 consecutive months)
- / 5; 9/9. 7k%6340@3. /i, 997i 4B. 0@(Once per quadrant every 24 consecutive months)
- / 5; 9/9. 7k%2; @5; G (Once per quadrant every 36 consecutive months)
- / 5; 9/9. 7k%9A7&0: 25J ; 3A7 (Once per quadrant every 36 consecutive months)
- /; 9. 79/9. 7k: i< 5. 72; 5: LK; 0@5: D
- . : 7k479. i9; i, 5?465= 5. 79A~ 5. 72; 5: !/ 3; 7k4 i 3. /i- 05/iK; 0@5:

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Deductible, then 20%	Deductible, then 20%
Deductible, then 20%	Deductible, then 20%
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Deductible, then 20%	Deductible, then 20%

