



RSD#13 Full with Rider A (10001) vs Flex (10002)

Plan Benefits:	Full w/ rider A (10001) :	Flex (10002):
Deductible:	None/None In & Out of Network	\$25/\$75 (waived for P&D & Major) In & Out of Network
P&D:	100%	100%
Exams		
Cleanings		
Periodontal Maintenance		
Bitewing X-rays*		
Fluoride**		
Space Maintainers	N/A	
Sealants	Not Covered	
Emergency Palliative Treatment		
Basic:	100%	80%
Fillings		
Simple Extractions		
Root Canals		
Oral Surgery	N/A	
Apicoetomy		
Repair of Dentures		
Stainless Steel Crowns		
General Anes	Not covered	
Major:	50%	50%
Crowns		
Restorations		
Oral Surgery		N/A
Periodontics	Not covered	
Bridgework	Not covered	
Full & Partial Dentures	Not covered	
Apicoetomy		N/A
Space Maintainers		N/A
Implants	Not covered	Not covered
CYM:	Unlimited	\$2,000
Orthodontics(children to age 19):	Not covered	50% to \$1000

*2 X-rays per cal year

**2 Fluoride treatments per cal year up to age 19

Claims for services provided by dentists who do not participate in the PPO or Premier network are paid at the plan allowed amount. Patients would be responsible for applicable coinsurance and amounts over the allowed amount.