

STANDARD DENTAL PLAN

Website: www.standard.com

For dental frequencies, please refer to the certificate of coverage or benefit summary.



Benefits	Dental High Plan	
	PPO Network	Out-of-Network ¹
Annual Deductible	\$50 waived Type 1	\$50 waived Type 1
Annual Plan Maximum	\$1,500/calendar year	\$1,500/calendar year
Orthodontia Lifetime Maximum	\$1,500	\$1,500
Type I: Preventive Services		
Routine Exam	100% 1 in 6 months	100% 1 in 6 months
Teeth Cleaning	100% 4 in 12 months	100% 4 in 12 months
X-rays (Panoramic, Bitewings)	100% 1 in 5 years, 1 year	100% 1 in 5 years, 1 year
Sealants - Child to Age 13	100%	100%
Fluoride - Child to Age 13	100% 1 in 12 months	100% 1 in 12 months
Space Maintainers	100%	100%
Type II: Basic Services		
Simple Extractions	80%	80%
Fillings	80%	80%
Root Canal Therapy	80%	80%
Type III: Major Services		
Implants	50%	50%
Bridges	50% 1 in 10 years	50% 1 in 10 years
Dentures	50% 1 in 10 years	50% 1 in 10 years
Crowns	50% 1 in 10 years/tooth	50% 1 in 10 years/tooth
Complex Surgical Extractions	50%	50%
Type IV: Orthodontic Services		
Orthodontia Treatment - Child to Age 19	50%	50%

¹ If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.