



## Benefit Plan and Features

	In-Network Benefit	Out-of-Network Benefit
Reimbursement	Contracted Allowances	90th percentile R&C
Coinsurance	100/80/50	100/80/50
Annual Individual / Family Deductible (Waived for Preventive Services)	\$50/3x individual	\$50/3x individual
Annual Individual Maximum Benefit	\$5,000	\$5,000
Alternate Benefit	Included	Included

Preventive Services	In-Network Benefit	Out-of-Network Benefit
<b>Evaluations</b>		
• Periodic Oral Evaluation	100%	100%
• Limited Oral Evaluation – problem focused	100%	100%
• Comprehensive Oral Evaluation	100%	100%
<b>Treatments</b>		
• Routine Dental Prophylaxis	100%	100%
• Fluoride Treatment	100%	100%

Preventive Services	In-Network Benefit	Out-of-Network Benefit
• Sealants – child	100%	100%
<b>X-Rays</b>		
• Complete Series/ Panoramic X-Rays	100%	100%
• Periapical X-Rays	100%	100%
• Bitewing X-Rays	100%	100%

Basic Services	In-Network Benefit	Out-of-Network Benefit
Emergency Palliative Treatment	80%	80%
Surgical Extractions and Removal of Impacted Teeth	80%	80%
Basic Restorative Services (amalgam, composite resin, acrylic, synthetic or plastic fillings)	80%	80%
Simple Extractions	80%	80%
Oral Surgery	80%	80%
Periodontal Maintenance	80%	80%

Major Services	In-Network Benefit	Out-of-Network Benefit
Inlays/Onlays/Crowns	50%	50%
Dentures – complete, partial, overdenture (upper and lower)	50%	50%
Implants	50%	50%
Bridges	50%	50%

## Provider network

You can choose from one of the 117,000 credentialed providers at any of the 350,000 access points nationwide in the Equitable Dental Network. You can locate an in-network provider by visiting: [www.equitable.com/finddentist](http://www.equitable.com/finddentist). Using a network dentist will significantly lower your out-of-pocket expense because these dental professionals have agreed to provide covered services at discounted fees.

Equitable does not contract directly with dentists. Equitable's dental network is supported by several partner companies which may vary by state. This information is provided on our website at [www.equitable.com/dentalprovider](http://www.equitable.com/dentalprovider).

**Please reference the following network names when confirming in-network participation with your provider.**

- Careington
- Dental Benefit Providers (DBP)
- Dentemax Plus
- HealthSmart
- PPO USA Connection Dental Network (GEHA)
- Total Dental Administrators (TDA)
- Zelis Dental Network

Out-of-network dentists have the right to balance bill members for the difference between the provider charge and our maximum allowable charge.

Out-of-network dentists are not obligated by contractual agreement to submit claims on behalf of members. Claim forms may be requested by contacting the telephone number or email address indicated on your ID card or above.

## Cost Summary

Cost Summary for Dental	Employee (Monthly)
Employee Only	\$57.40
Employee & Spouse	\$114.00
Employee & Child(ren)	\$122.56
Family	\$204.96