

Benefit Details

Managed Dental Guard

Managed Dental Guard	In Network Coverage	Out of Network Coverage
Calendar Year Deductible (You Pay)	\$0	Not Applicable
Calendar Year Benefit Maximum (Plan Pays up to)	None	Not Applicable
	You Pay	
Preventive Services	\$5 copay	Not Covered
Cleanings Available	2 times in 12 months	Not Covered
Basic Services	\$5 copay plus copay for service performed	Not Covered
Major Services	\$5 copay plus copay for service performed	Not Covered
Orthodontia Services	\$5 copay plus: \$1,500 (Child) \$2,800 (Adult)	Not Covered