

## TRINITY HEALTH HOME OFFICE, INDIANA

### DENTAL PLAN HIGHLIGHTS

You have the choice of electing the Premier High plan or Premier Standard plan. Below is a brief summary of the plan features. The information provided below represents associate co-insurance / co-payment responsibility.

DENTAL Plan Highlights	Premier High	Premier Standard
<b>Annual Deductible</b> Individual Family	\$25 \$50	\$50 \$100
<b>Preventive Services</b>	100% covered (0% associate)	100% covered (0% associate)
<b>Basic Services</b>	20%	40%
<b>Major Restorative Services</b>	50%	50%
<b>Orthodontics (to age 19)</b>	50%	Not Covered
<b>Maximums</b> Per Person Annual (non-orthodontics) Per Person Lifetime (orthodontics)	\$1,500 \$1,500	\$1,000 Not Covered

- ◆ Fluoride treatments covered once per calendar year to age 14.
- ◆ Bitewing x-rays covered once per calendar year.

**DISCLAIMER:** The information provided in this handout is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview and it is not intended to be a comprehensive description of your benefit plan design(s). The summary plan descriptions and official plan documents cover these plans in more detail and should be referred to with inquiries on what services are covered by the plan. Whenever there is a discrepancy between printed materials, the official plan documents will prevail.

To view the official summary plan documents, visit <http://mybenefits.trinity-health.org> and click on your Ministry Organization's link.