

DENTAL PLAN HIGHLIGHTS – TRINITY HOME HEALTH SERVICES

You have the choice of two dental plan options – Premier plan and Preferred 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	Preferred	
		In Network	Out of Network
Annual Deductible Individual Family	\$25 \$50	\$25 \$75	\$50 \$150
Preventive Services	100% covered (0% associate)	100% covered (0% associate)	100% covered (0% associate)
Basic Services	20%	40%	50%
Major Restorative Services	50%	50%	50%
Orthodontics (to age 19)	50%	Not Covered	Not Covered
Maximums Per Person Annual (non-orthodontics) Per Person Lifetime (orthodontics)	\$1,500 \$1,500	\$1,000 Not Covered	\$1,000 Not Covered

* Fluoride treatments covered once every 12 months to age 14.

* Bitewing x-rays covered once every 24 months unless decay or other medical condition is present making more frequent bitewings necessary.