

DENTAL COVERAGE

YOUR DENTAL PLAN IS DESIGNED WITH THE FOUNDATION OF THE AETNA DENTAL NETWORK. PLEASE CALL THE EHS MEMBER SERVICES TEAM IF YOU HAVE ANY QUESTIONS.

888.47.EDISON
(888-473-3476)

IN-NETWORK

Deductible & Maximums	
Individual Deductible	\$100 (\$300 per family)
Per Person Calendar Year Max	\$2,000
CLASS A Preventative Services paid at 100%	<ul style="list-style-type: none"> Routine exam (2 exams per calendar year) Bitewing x-rays (once every 12 months) Fluoride treatment (only for children 13 & under - 2/cal year)
CLASS B Basic Services paid at 80% after deductible	<ul style="list-style-type: none"> Periodontics (gum treatments), Endodontics (root canals) Fillings, other than gold Simple extractions
CLASS C Major Services paid at 50% after deductible	<ul style="list-style-type: none"> Oral surgery Inlays / Onlays / Crowns Dentures
CLASS D Orthodontia Services paid at 25% after deductible	<ul style="list-style-type: none"> Lifetime Max - \$1,000 per person

OUT-OF-NETWORK

BENEFITS AND SERVICES	
Deductible & Maximums	
Individual Deductible	\$100 (\$300 per family)
Per Person Calendar Year Max	\$2,000
CLASS A Preventative Services paid at 50% after deductible	<ul style="list-style-type: none"> Routine exam (2 exams per calendar year) Bitewing x-rays (once every 12 months) Fluoride treatment (only for children 13 & under - 2/cal year)
CLASS B Basic Services paid at 40% after deductible	<ul style="list-style-type: none"> Periodontics (gum treatments), Endodontics (root canals) Fillings, other than gold Simple extractions
CLASS C Major Services paid at 25% after deductible	<ul style="list-style-type: none"> Oral surgery Inlays / Onlays / Crowns Dentures
CLASS D Orthodontia Services paid at 25% after deductible	<ul style="list-style-type: none"> Lifetime Max - \$1,000 per person