

Covered Dental Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<i>Only children's dental services count towards your out of pocket limit.</i>		
Children's Dental Essential Health Benefits Diagnostic and preventive <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 visit per 6 months.</i>	No charge	No charge
Basic services	20% coinsurance	20% coinsurance
Major services	50% coinsurance	50% coinsurance
Endodontic, Periodontics, Oral Surgery	50% coinsurance	50% coinsurance
Medically Necessary Orthodontia	50% coinsurance	50% coinsurance
Deductible	Not applicable	Not applicable
Adult Dental	Not covered	Not covered