USBenefits Choice Dental Plans

| Covered Benefits | Superior Choice Plan | | Balanced Choice Plan | | Essential Choice Plan | |
|---|--|------------------|---|----------------|---|----------------|
| Deductible 3 x the family max (Waived for Preventive Services) | In-Network Out-of-Network \$0/\$25/\$50 | | In-Network Out-of-Network \$0/\$25/\$50 | | In-Network Out-of-Network \$0/\$25/\$50 | |
| Calendar Year Maximum | \$3,000/ \$2,500/ \$2,000/ \$1,500 | | \$2,500/ \$2,000/ \$1,500/ \$1,000 | | \$1,500/ \$1,000/ \$500 | |
| Class I: Preventive & Diagn | ostic Service | s (deductible wa | ived) | | | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| - Routine Oral Exams - Cleanings (1 per 6 months) - Fluoride for dependent children - Bitewing x-rays - Full mouth x-rays - Emergency palliative treatment - Sealants for dependent children (under age 14) | 100% | 100% | 100% | 100% | 100% | 100% |
| Class II: Basic Services (dec | ductible app | olies) | | | | |
| - Fillings - Space maintainers for dependent children (under age 14) | 90% | 90% | 80% | 80% | 80% | 80% |
| Class III: Major Services (de | eductible ap | plies) | | | | |
| - Prosthodontics - Crowns - Inlays - Onlays - Fixed bridge - Complete and partial dentures | 60% | 60% | 50% | 50% | 0% | 0% |
| Endodontic Services: Root canal therapy Pulp capping and pulpotomy Simple extractions, abscesses | Available in Class II Basic Services or Class III Major Services | | | | | |
| Periodontal Services: Periodontal treatment & treatment of other diseases of the gums and tissues of the mouth Periodontal scaling - Periodontal root planning - Periodontal maintenance | Available in Class II Basic Services or Class III Major Services | | | | | |
| Oral Surgery: | Available in Class II Basic Services or Class III Major Services | | | | | |

Child orthodontia coverage at 50% to a lifetime maximum of \$1,500 or \$2,000 for dependent children through age 18.

*Orthodontia coverage not available on Essential plans.

Out-of-Network Reimbursement:

Choose between the 90th% of UCR (Usual, Customary & Reasonable) or a MAC (Maximum Allowable Charge) schedule.

This table is only provided as a quick glance comparison. Coverage levels vary based on your specific plan. All plans are available in the following states: AZ, DC, GA, HI, IA, IL, IN, KS, LA, MD, MI, MO, MS, ND, NE, NV, OH, OK, PA, SC, SD, TX, UT, VA, WV and WY. To learn more contact your Sales Specialist.