



City of Gulfport Dental Plan Option 2

| Services | Option 2 |
|---|---|
| Deductible per Calendar year (CY) Maximum Family Deductible | \$50/person 3 Persons/family |
| Annual Benefit Maximum (does not apply to Type IV) | \$2000 |
| Type I Preventative Dental Services (exams, cleanings, bitewing x-rays, topical fluoride, sealants) | CY Deductible Waived 0% coinsurance* |
| Type II Basic Dental Services (fillings, extractions, root canals, oral surgery, periodontics, other x-rays) | 20% coinsurance after deductible |
| Type III Major Care (inlays and onlays, most crowns, bridges, dentures) | 50% coinsurance after deductible |
| Type IV Orthodontic Treatment (provided for covered dependent children only) | 50% coinsurance after deductible |
| Orthodontic Lifetime Maximum (Per person; separate and distinct from the Maximum Annual Benefit) | \$2000 |

This is a summary of what you will pay for most dental services and treatment. Special Waiting Periods may apply for some services.

*There is no network of preferred dental providers for the City of Gulfport Dental Plan. SAS reimburses dental providers at the SAS Dental Fee Schedule, which may be less than the amount charged by your dental provider. The SAS Dental Fee schedule amount will be used to calculate coinsurance amounts. The member is responsible for the deductible, coinsurance, and any balance over the SAS reimbursement. If you have questions concerning this policy, please contact SAS prior to receiving your services.

Note: This document is only a summary of the actual dental benefits being offered. For a detailed description of all your benefits, limitations, and exclusions, see your City of Gulfport Dental Plan Document.