

PLAN DESIGN SUMMARY

TruAssure Individual and Family Dental Plans*



Choice

Summary of Coverages	In-Network & Out-of-Network	In-Network & Out-of-Network	In-Network & Out-of-Network
	Year 1	Year 2	Year 3
Annual Maximum Options	<ul style="list-style-type: none"> \$1,250 \$2,000 \$3,000 	<ul style="list-style-type: none"> \$1,250 \$2,000 \$3,000 	<ul style="list-style-type: none"> \$1,250 \$2,000 \$3,000
Deductible	\$100 lifetime per person	\$100 lifetime per person	\$100 lifetime per person
Preventive Services (Coverage A) <ul style="list-style-type: none"> Exams (two per year) Cleanings (three per year) Sealants (under age 14) 	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 100% after deductible
Basic Services (Coverage B) <ul style="list-style-type: none"> Simple tooth extractions Fluoride treatment (under age 14) Bitewing X-rays Space maintainers (under age 14) 	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 80% after deductible
Major Services (Coverage C)** <ul style="list-style-type: none"> Denture relines and rebases; adjustments Crowns, onlays, post and core Complete and partial dentures Fixed bridge work Fillings (composites covered) Gum disease treatment Root canals Surgical tooth extractions FMX or Pano X-rays Teeth whitening (lifetime max. \$100) Implants (subject to lifetime maximum \$500 and annual maximum \$250) 	Plan pays 25% after deductible	Plan pays 35% after deductible	Plan pays 50% after deductible
Major Annual Maximum The major annual maximum only applies to Coverage C. TruAssure will pay for major services up to the major annual maximum for each benefit year. ***Denotes correlating annual maximum option selected for the plan. For example, if the \$1,250 annual maximum option is selected, then the \$500 major annual maximum applies to the plan.	<ul style="list-style-type: none"> \$500 (\$1,250***) \$1,000 (\$2,000***) \$1,500 (\$3,000***) 	<ul style="list-style-type: none"> \$500 (\$1,250***) \$1,000 (\$2,000***) \$1,500 (\$3,000***) 	<ul style="list-style-type: none"> \$500 (\$1,250***) \$1,000 (\$2,000***) \$1,500 (\$3,000***)

The Choice plan is offered in association with the DenteMax Plus dental network arrangement, which includes participating dentists from the DenteMax, United Concordia and Connection dental networks. DenteMax Plus dentists accept new patients. In-network services are paid off the PPO fee schedule. Out-of-network services are paid based on the 70th percentile of reasonable and customary fees (70th R&C).

*The Choice plan is not available in Ohio. All plans not available in all states. Visit truassure.com to see what plans are available in your state.

**For Minnesota residents: Coverage for treatment of Temporomandibular Joint Disorders (TMJ) and Craniomandibular Disorders (CMD) are covered in Major Services (Coverage C) for Minnesota residents only.

Learn more at truassure.com.