

**PLAN DESIGN SUMMARY**

**TruAssure Individual and Family Dental Plans\***



**Choice Plus**

Summary of Coverages	In-Network & Out-of-Network	In-Network & Out-of-Network	In-Network & Out-of-Network
	Year 1	Year 2	Year 3
<b>Annual Maximum Options</b>	<ul style="list-style-type: none"> <li>\$1,250</li> <li>\$2,500</li> <li>\$5,000</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250</li> <li>\$2,500</li> <li>\$5,000</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250</li> <li>\$2,500</li> <li>\$5,000</li> </ul>
<b>Deductible</b>	\$100 lifetime per person	\$100 lifetime per person	\$100 lifetime per person
<b>Preventive Services (Coverage A)</b> <ul style="list-style-type: none"> <li>Exams (two per year)</li> <li>Cleanings (three per year)</li> <li>Sealants (under age 14)</li> </ul>	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible
<b>Basic Services (Coverage B)</b> <ul style="list-style-type: none"> <li>Simple tooth extractions</li> <li>Fluoride treatment (under age 14)</li> <li>Bitewing X-rays</li> <li>Space maintainers (under age 14)</li> </ul>	Plan pays 50% after deductible	Plan pays 65% after deductible	Plan pays 80% after deductible
<b>Major Services (Coverage C)**</b> <ul style="list-style-type: none"> <li>Denture relines and rebases; adjustments</li> <li>Crowns, onlays, post and core</li> <li>Complete and partial dentures</li> <li>Fixed bridge work</li> <li>Fillings (composites covered)</li> <li>Gum disease treatment</li> <li>Root canals</li> <li>Surgical tooth extractions</li> <li>Teeth whitening (lifetime max. \$100)</li> <li>Implants (subject to lifetime maximum \$1000 and annual maximum \$500)</li> </ul>	Plan pays 25% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
<b>Major Annual Maximum</b> 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.	\$500 (\$1,250***) \$1,250 (\$2,500***) \$2,500 (\$5,000***)	\$500 (\$1,250***) \$1,250 (\$2,500***) \$2,500 (\$5,000***)	\$500 (\$1,250***) \$1,250 (\$2,500***) \$2,500 (\$5,000***)
<b>Orthodontics (Coverage D)</b>	Plan pays 15%	Plan pays 25%	Plan pays 50%
<b>Orthodontia Maximum</b>	<ul style="list-style-type: none"> <li>\$1,250 lifetime maximum per person</li> <li>\$625 annual limit</li> <li>Adult or Child coverage</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250 lifetime maximum per person</li> <li>\$625 annual limit</li> <li>Adult or Child coverage</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250 lifetime maximum per person</li> <li>\$625 annual limit</li> <li>Adult or Child coverage</li> </ul>

The Choice Plus 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 Plus plan is not available in Ohio. All plans not available in all states. Visit [truassure.com](http://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](http://truassure.com).**