

Carson Tahoe Health Dental Plan Package



HEALTH PLANS
UNIVERSITY OF UTAH

CALENDAR YEAR MAXIMUM BENEFITS	
Dependent child up to age 19	Unlimited
All others	\$1,500
ORTHODONTIC LIFETIME MAXIMUM	\$1,000
CALENDAR YEAR DEDUCTIBLE	
Individual Deductible	\$75
Family Maximum Deductible	\$225
<p><u>Individual Deductible</u> - The Individual Calendar Year Deductible is an amount which a Covered Person must contribute toward payment of eligible dental expenses.</p> <p><u>Family Maximum Deductible</u> - If \$225 in eligible dental expenses is incurred collectively by family members during a Calendar Year, the Family Maximum Deductible is satisfied. A "family" includes a covered Employee and his covered Dependents.</p>	

ELIGIBLE DENTAL EXPENSES	Member Pays
Preventive Services (Deductible waived)	No Charge
Limits applicable to certain Preventive Services: - routine oral examinations and cleanings are limited to 2 exams/cleanings per Calendar Year; - fluoride treatment is limited to children under the age of 19; 1 per Calendar Year - sealants are limited to children under the age of 19; 1 per year - full-mouth X-rays are limited to; 1 per 3-year period - routine bitewings are limited to 2 Sets per Calendar Year	
Basic Services	20% after Deductible
Major Services	50% after Deductible
Orthodontic Services	50% after Deductible

For questions, contact Customer Service at **833-661-3915** <http://www.ddsppo.com/>