

Miami Dade College

Custom Traditional Preferred 80-80-50

Calendar year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> Applied to preventive, basic, and major services 	\$1,500
Preventive services	<ul style="list-style-type: none"> Oral examinations Full mouth X-rays (once every 5 years) Bitewing X-rays (1 set per calendar year) Periapicals and other X-rays Space maintainers Emergency care for pain relief Cleanings Topical fluoride treatments Sealants 	80 percent no deductible
Basic services	<ul style="list-style-type: none"> Fillings Denture repair and adjustments Endodontics (root canal) Periodontics (gum therapy) Routine extractions Oral surgery Appliances for children Prefabricated stainless steel crowns 	80 percent after deductible
Major services	<ul style="list-style-type: none"> Inlays or onlays Dental implants Other crowns Dentures (complete and partial) Bridgework Denture relines and rebases 	50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers adult / child orthodontia 	50 percent up to \$1,500 lifetime maximum no deductible

(MAF): If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Waiting periods and frequency/age limits may apply.

Dental products insured by HumanaDental Insurance Company, or The Dental Concern, Inc.