

Miami Dade College

## Custom Traditional Preferred 80-80-50

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