

Aflac Dental Insurance	High Plan		Low Plan	
Deductible	In Network	\$50 (Max 3 people)	In Network	\$25 (Max 3 people)
	Out of Network	\$50 (Max 3 people)	Out of Network	\$25 (Max 3 people)
Maximums	In Network	\$1,000	In Network	\$1,000
	Out of Network	\$1,000	Out of Network	\$1,000
Preventative/Diagnostic Services	In Network	100%	In Network	100%
	Out of Network	100%	Out of Network	100%
	COVERED SERVICES		COVERED SERVICES	
	Routine exams (2x yearly) Routine cleanings (2x yearly) Fluoride treatment* Sealants* Bitewing x-rays* Full mouth x-rays (every 36 months) Emergency Palliative treatment		Routine exams (2x yearly) Routine cleanings (2x yearly) Fluoride treatments*	
Basic Services	In Network	80%	In Network	50%
	Out of Network	80%	Out of Network	50%
	COVERED SERVICES		COVERED SERVICES	
	Space Maintainers* Fillings* Periodontal Maintenance (2x yearly) Anesthesia		Space Maintainers* Sealants* Bitewing x-rays* Full mouth x-rays (every 36 months) Emergency Palliative treatment Fillings*	
Major Services	In Network	50%	In Network	15%
	Out of Network	50%	Out of Network	15%
	COVERED SERVICES		COVERED SERVICES	
	Crowns/Bridges/Dentures* Crown/Bridge/Denture Repairs* Implants* Pulpotomy* Pulp Capping/ Pulp Therapy Periodontal Scaling and Root Planning* Periodontal surgical extractions* Inlays/Onlays* Simple extractions Surgical extractions Endontics Oral Surgery		Crowns/Bridges/Dentures* Crown/Bridge/Denture Repairs* Implants* Pulpotomy* Pulp Capping/ Pulp Therapy Periodontal Scaling and Root Planning* Periodontal surgical extractions* Periodontal Maintenance Inlays/Onlays* Simple extractions Surgical extractions Endontics Oral Surgery Anesthesia	
Orthodontic Services	In Network	50% Life max \$1000	In Network	No Coverage
	Out of Network	50% Life max \$1000	Out of Network	No Coverage
	COVERED SERVICES		NO COVERAGE	
	Child and adult Initial Orthodontic exam initial placement of braces/appliances Continuing treatment Clear aligners			
Rates per check	Emp: \$24.31 Emp/Spouse: \$49.34 Emp/Children: \$44.25 Family: \$62.36	Emp: \$7.04 Emp/Spouse: \$13.18 Emp/Children: \$10.01 Family: \$17.21		

*Limitation and exclusions may apply. Please see plan documents for more information at www.katybenefits.org.