



City of Gulfport Dental Plan Option 2

Services	Option 2
Deductible per Calendar year (CY) Maximum Family Deductible	\$50/person 3 Persons/family
Annual Benefit Maximum (does not apply to Type IV)	\$2000
Type I Preventative Dental Services (exams, cleanings, bitewing x-rays, topical fluoride, sealants)	CY Deductible Waived 0% coinsurance*
Type II Basic Dental Services (fillings, extractions, root canals, oral surgery, periodontics, other x-rays)	20% coinsurance after \$50 CY deductible
Type III Major Care (inlays and onlays, most crowns, bridges, dentures)	50% coinsurance after \$50 CY deductible
Type IV Orthodontic Treatment (provided for covered dependent children only)	50% coinsurance after \$50 CY deductible
Orthodontic Lifetime Maximum (Per person; separate and distinct from the Maximum Annual Benefit)	\$2000

This is a summary of what you will pay for most dental services and treatment. Special Waiting Periods may apply for some services.

*SAS reimburses dental providers at the SAS Dental Fee Schedule, which may be less than the amount charged by your dental provider. The SAS Dental Fee schedule amount will be used to calculate coinsurance amounts. If the dental provider is not a SAS Preferred Dental Provider, the member is responsible for the deductible, coinsurance, and any balance over the SAS reimbursement.

SAS Preferred Dental Providers have agreed to accept the SAS Dental Fee Schedule amount for services covered under your dental plan less the member's deductible and coinsurance, and promise not to balance bill the member. If you have questions concerning this policy, please contact SAS prior to receiving your services.

Note: This document is only a summary of the actual dental benefits being offered. For a detailed description of all your benefits, limitations, and exclusions, see your City of Gulfport Dental Plan Document.