



## **Dental Benefit - Copay and Coinsurance Overview**

A brief reference guide of the Teachers Health Trust Performance Plus Plan for quick and easy answers when you need them.

# Dental Benefit-Copayment and Coinsurance Overview

## A brief reference guide for the Teachers Health Trust Dental Benefits

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The Trust provides a dental plan for participants. In-network services are available from dentists contracted on behalf of the Trust. Out-of-Network Services are also available, but your personal expense may be much greater. The Plan is designed to provide benefits for preventive, basic and major dental services, including orthodontia treatment.

- No annual deductible for the dental benefits
- \$1,500 annual maximum benefit per person
- Dependents enrolled in the plan automatically receive dental benefits
- Lifetime maximum orthodontia benefit of \$1,000 for dependents under the age of nineteen (19) only

There is a two-year waiting period for orthodontia. Your dependent must be enrolled in the Performance Plus Dental Plan for two consecutive years in order to be eligible for the orthodontia benefit. Therefore, any dependent under age nineteen (19) you enroll in the Performance Plus Dental Plan at your initial enrollment will not be eligible for orthodontia benefits until two years after his or her enrollment date. Those dependents who meet eligibility requirements for orthodontia services must incur such services before reaching age nineteen (19).

Services received from an in-network provider will be paid based on a coinsurance structure. After you have met the annual maximum, you will be responsible for the contracted rate for the remainder of the year. The following is an example of what you will pay to an in-network provider.

Preventive	Paid to In-Network Provider	100% of total contracted rate
	Patient Responsibility For In-Network Services	None
Basic	Paid to In-Network Provider	80% of total contracted rate
	Patient Responsibility For In-Network Services	20% of total contracted rate
Major	Paid to In-Network Provider	60% of total contracted rate
	Patient Responsibility For In-Network Services	40% of total contracted rate

## Dental Benefit-Copayment and Coinsurance Overview (continued...)

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<b>Periodic Oral Evaluation</b>	Treatment Type	Preventive
	What You Will Pay	\$0
<b>Adult Cleaning</b>	Treatment Type	Preventive
	What You Will Pay	\$0
<b>Child Cleaning</b>	Treatment Type	Preventive
	What You Will Pay	\$0
<b>Filling - one surface, amalgam primary or permanent</b>	Treatment Type	Basic
	What You Will Pay	\$15.20
<b>Crown - porcelain fused to high noble metal</b>	Treatment Type	Major
	What You Will Pay	\$268.40

**Services received from an out-of-network provider will be paid based on a fee schedule.**