

Summary of Benefits

Group Number: OR77
Effective Date: April 1, 2020

Reed College

Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You pay \$10 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You pay a \$50 Copay**
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a \$100 Copay**
Bridge (per Tooth)	You pay a \$50 Copay**
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy - Anterior	You pay a \$30 Copay
Root Canal Therapy - Bicuspids	You pay a \$60 Copay
Root Canal Therapy - Molar	You pay a \$90 Copay
Osseous Surgery (per Quadrant)	You pay a \$50 Copay
Root Planing (per Quadrant)	You pay a \$30 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You pay a \$50 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You pay a \$1,200 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	

This is only a summary. The certificate of coverage contains a complete description co1m.(i)5(pt)-8(i)-6(on)4()-13 a co1m.(i)5(pt)