

Dental Summary

Toll Free Phone: 800-999-9789 Toll Free Fax: 888-998-8703 DentalSelect.com

Summary of Benefits For:

Verado Enegry

90th R&C

PRE	VENTIVE
topical fluoride, x- sealants	eanings (2 per year), rays, space maintainers,
:	BASIC
Composite fillings, surgery, endodont	
IV	1AJOR
Crowns, bridges, d	entures, full implants
ORTH	ODONTICS
	Children under 19
	Waiting Period
	Lifetime Maximum
MAXIM	UM BENEFIT
Applies to	Benefit Period is:
Preventive, Basic and Major Services	Per Calendar Year
DED	UCTIBLE
	Per Benefit Period
Applies to Basic and Major	Per Person:
Services	Family Maximum:

Indemnity Classic Plan		
Platinum Network		
Contracted Dentist	Non-Contracted Dentist	
100%	100% of R&C	
80%	80% of R&C	
No Waiting Period		
80%	80% of R&C	
No Waiting Period		
50%	50%	
No Waiting Period		
\$2000.00		
\$5000.00		
\$50.00 \$150.00	\$50.00 \$150.00	





Dental Notes

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Network Access

General Dentists

Dental Select participating general dentists accept the Platinum or Gold fee schedule as payment in full.

Specialists (Include Pediatric, Endodontist, Prosthodontist, Oral Surgeon, Periodontist, Orthodontist*)

Coinsurance Plans

*Contracted Orthodontist: The member may receive a discount of up to 20% off of the contracted Orthodontist's fee.

Contracted Specialists: The plan will pay based on a contracted fee schedule. Contracted specialist providers accept the fee schedule as payment in full with no balance billing.

Non-Contracted Specialists:

MAC- No discount - including Orthodontists. The plan will pay from our contracted fee schedule. The Member is responsible for the difference between the plan's payment and the Specialist's fee.

UCR- No discount - including Orthodontists. The plan will pay based on Reasonable & Customary fees. The Member is responsible for the difference between the plan's payment and the Specialist's fee.

Co-Pay Plans - See Schedule of co-payments for member responsibility

Minnesota

Dental Select participating general dentists utilize the Premier network. Services rendered will be reimbursed according to the Premier network fee schedule as payment in full.

Plan Notes

UCR

CONTRACTED: General Dentists & Specialists: All payments made by the plan are based on the Platinum contracted fee schedule. NON-CONTRACTED: Dental Select will allow up to the reasonable and customary charge for the dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the member's responsibility. DISCOUNT: Discount only; no benefit will be paid.

This summary of benefits is current as of 03/29/2018. To verify up to date benefits, please contact Dental Select Member Services (1-800-999-9789) or refer to your current Certificate of Insurance.

