

Iosco RESA

Dental Plan with ADN and Incentive Plan Benefits-at-a-Glance

This is intended to be an-easy-to-read summary.

Note: Your plan includes access to the ADN dental network. Dentists in this network provide discounted services and agree to accept ADN prices as full payment for services. You can find ADN dentists at www.adndental.com. Your benefit levels are the same regardless of whether you are in or out of network.

Basic Benefits

	In-Network	Out-of-Network
Examination <input type="checkbox"/> – includes initial and periodic 2 per member per benefit year [*]	Covered - 60% ADN price	Covered - 60% R&C ★
Cleaning <input type="checkbox"/> – adult, and child 2 per member per benefit year [*]	Covered - 60% ADN price	Covered - 60% R&C ★
Flouride <input type="checkbox"/> – to age 18 2 per member per benefit year [*]	Covered - 60% ADN price	Covered - 60% R&C ★
Diagnostic X-Rays <input type="checkbox"/>	Covered - 60% ADN price	Covered - 60% R&C ★
Restorative-Fillings <input type="checkbox"/>	60% ADN price ★	60% R&C ★
Oral Surgery <input type="checkbox"/>	60% ADN price ★	60% R&C ★
Endodontics <input type="checkbox"/>	60% ADN price ★	60% R&C ★
Periodontics <input type="checkbox"/>	60% ADN price ★	60% R&C ★
Inlays, Onlays, Crowns, Post/Cores and Repairs <input type="checkbox"/>	60% ADN price ★	60% R&C ★
Lifetime Deductible	\$25.00	\$25.00

Major Benefits

Bridges and Repairs	N/A% ADN price ★	N/A% R&C ★
Dentures	N/A% ADN price ★	N/A% R&C ★
Annual Deductible	\$N/A	\$N/A

Annual Maximum

\$1,000.00 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment @	N/A% ADN price ★	N/A% R&C ★
Deductible	\$N/A	\$N/A
Lifetime maximum	\$0	\$N/A
<input type="checkbox"/> To Age 19		
<input type="checkbox"/> Adult Orthodontic coverage – no age limit		

♦ Benefit year for this plan is January 1 through December 31.

★ The plan will pay the ADN approved amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary

★ The plan will pay the Reasonable and Customary (R&C) amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary. Any remaining balance in excess of the R& C amount is your responsibility.

☐ An Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 60% on selected basic services for the first year, then increase 10% each succeeding benefit year, to a maximum of 100%, provided you visit the dentist at least once during the calendar year for a regular exam and/or cleaning.

Your Plan Includes: Options D

Option D:	Inlays, Onlays, and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly.
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