

# 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
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	
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
<b>RESTORATIVE DENTISTRY</b>	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You pay a \$50 Copay**
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	You pay a \$100 Copay**
Bridge (per Tooth)	You pay a \$50 Copay**
<b>ENDODONTICS AND PERIODONTICS</b>	
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
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You pay a \$50 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You pay a \$1,200 Copay
<b>DENTAL IMPLANTS</b>	
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)