

Plan design summary for MWG PPO Enhanced

MWG PPO Enhanced

MWG PPO Enhanced	1 st year	2 nd year	3 rd year+
Annual Maximum	\$1,500	\$1,500	\$1,500
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Preventive Services	Plan Pays	Plan Pays	Plan Pays
Cleanings (2 per year)	100%	100%	100%
Exams (2 per year)			
Fluoride (under age 16)			
sealants (under age 16)			
Radiograph - bitewing xrays	Deductible	Deductible	Deductible
Radiograph - Full mouth xray	does not apply	does not apply	does not apply
Oral Cancer Screening (age 40+)			
Basic Services	Plan Pays	Plan Pays	Plan Pays
Restorations - (Amalgam and Anterior Resin)	40%	60%	80%
Restorations - (Posterior Resin)			
Simple Extractions			
Crown Repairs	Deductible	Deductible	Deductible
Denture Repairs	does not apply	does not apply	does not apply
Bridge Repairs			
Major Services			
Surgical Extractions			
Oral Surgery			
Endodontics	Plan Pays	Plan Pays	Plan Pays
Periodontal Maintenance	20%	40%	50%
Non-Surgical Periodontics			
Surgical Periodontics			
Inlays			
Onlays	Deductible applies	Deductible applies	Deductible applies
Crowns			
Dentures			
Implants			
Anesthesia			
Orthodontics (Child only)	Plan pays 20%	Plan pays 40%	Plan pays 50%
Orthodontics Lifetime Maximum	\$1,000	\$1,000	\$1,000
Extra member savings (not insured benefits)			
15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.			
Save over 40% on premium hearing aids through Your Hearing Network, plus other offers and promotions ⁵			

*BrightBenefits dental plans are offered in association with Maximum Care PPO plus Connection Dental Network®. Maximum Care PPO dentists accept new patients. In-network services are paid off the PPO fee schedule. Out-of-network services are based on the 85th R&C percentile of reasonable and customary fees (85th R&C). The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact BrightBenefits. Products in the state of New York are underwritten by Commercial Travelers Life Insurance Company. Policy form number CDNGRP 2020. In all other states, they are underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. Policy form number NDNGRP 2020 or NDNGRP 2010. BSMILEPROP21