VOLUNTARY DENTAL

Health Resources Inc. | HRI Network

Services	Paramount	Preferred	Standard	Value
Calendar Year Deductible Plan Year	**NONE**	**NONE**	**NONE**	**NONE**
Benefit Lifetime Orthodontia	**$1,500**	**$1,250**	**$1,000**	**$750**
Maximum	**$1,000**	**$1,250**	**$1,000**	**N/A**
Preventive Services Oral Exam (once every 6 months) Routine Cleanings (once every 6 months) Fluoride Treatment for Children up to age 14 (once every 6 months) Space Maintainers for Children Topical Sealants for Children up to age 15	**100%**	**100%**	**100%**	**100%**
Diagnostic Services Bitewing X-Rays (once every year) Full Mouth (one every 4 years)	**100%**	**100%**	**80%**	**60%**
Diagnostic Services Amalgam, Silicate &CompositeFillings Simple Extractions Repairs of dentures,bridgework,andcrowns Endodontic Therapy **(Paramount and Preferred Plans only)**	**80%**	**80%**	**60%**	**50%**
Major Services Oral Surgery & ComplexExtractions Periodontal Therapy Endodontic Therapy **(Standard and Value Plans only)** Full & Partial Dentures Implants as an AlternateProcedure **(Covered at 50% on all plans)** Crowns Bridges	**50%**	**80%**	**50%**	**50%**
Orthodontia (for children under age 19)	**50%**	**50%**	**50%**	**Not Covered**
Employee Only: Employee +	$34.29	$35.17	$29.91	$27.08
Spouse:	$72.01	$73.88	$62.79	$56.86
Employee + Child(ren):	$89.98	$92.26	$78.43	$71.00
Employee + Family:	$126.50	$129.82	$110.35	$99.90

Minimum of 2 employees to offer. Disclaimer: The rates noted on this page may be subject to change. For more information on the plan including OON benefits, please contact sales.quotes@siho.org.