

VOLUNTARY DENTAL

Offered through Health Resources Inc. | HRI Network

Services	Paramount	Preferred	Standard	Value
Calendar Year Deductible	NONE	NONE	NONE	NONE
Plan Year Benefit	\$1,500	\$1,250	\$1,000	\$750
Lifetime Orthodontia Maximum	\$1,000	\$1,250	\$1,000	N/A
Preventive Services <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Bitewing X-Rays (once every year) Full Mouth (one every 4 years) 	100%	100%	80%	60%
Diagnostic Services <ul style="list-style-type: none"> Amalgam, Silicate & Composite Fillings Simple Extractions Repairs of dentures, bridgework, and crowns Endodontic Therapy (Paramount and Preferred Plans only) 	80%	80%	60%	50%
Major Services <ul style="list-style-type: none"> Oral Surgery & Complex Extractions Periodontal Therapy Endodontic Therapy (Standard and Value Plans only) Full & Partial Dentures Implants as an Alternate Procedure (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:	\$34.29	\$35.17	\$29.91	\$27.08
Employee + 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. Rates effective 12/1/24.

Disclaimer: The rates noted on this page may be subject to change.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.