GBA Insurance Trust, Inc.
2027 Summary of Dental Benefits for Plan # 274

Calendar Year Deductibles	
Individual	$50
Family	$150
Annual Maximum Benefit (per person)	$1,250
Preventive & Diagnostic (deductible waived)	100%
Includes 2 oral exams, cleanings & x-rays per year	
Basic Dental Services	80%
Includes oral surgery, root canals, fillings, sealants etc.	
Major Dental Services	50%
Includes crowns, bridges, & dentures	
Orthodontic Services (Adult and Children)	
Percentage	50%
Lifetime maximum benefit	$1,000

For more information:

Dentist Network on the Internet	https://www.anthem.com
Customer Service	706.321.0209
Claims on the Internet	www.alliedbenefit.com
Plan Certificates	https://gabankers.com/WCM/Insurance___Retirement/Group_Benefit_Plans/Medical_Plans/WCM/Insurance___Retirement/GBA_Insurance_Trust/Medical_Plans.aspx?hkey=9c8bf693-e8a0-4844-8adc-b750613a9582

**Reimbursements subject to usual & customary & reasonable limitations*

Employee must be covered under dental coverage in order to insure dependents for dental coverage

Dental Coverage is available for employees and dependents with or without medical insurance

This is a summary not a contract. Please refer to the certificate booklet for complete detail