



Benefit Summary for Group:

Hudson CSD Benefit Trust

Effective Date: 7/1/2022

	Dental PPO		
	In-Network	Out-of-Network	Additional Information
General Information			
Provider Network	Dental PPO		Members can receive dental services from a non-participating provider in the BlueCross BlueShield contracted network of providers. Non-participating dental providers are permitted to balance bill the member.
Benefit Administration Date	1/1		
Dependent Age	26/26		
Domestic Partner and Children	Not covered		
Dental Services			
Annual Benefit Maximum	\$1,500 per member (All covered services - in and out-of-network - accumulate to the annual maximum)	\$1,500 per member (All covered services - in and out-of-network - accumulate to the annual maximum)	
Deductible	N/A	N/A	
Preventive / Diagnostic Care (exam, cleaning, x-rays)	Covered in full	Covered in full	
Basic Restorative (fillings, extractions, periodontics, endodontics)	10% coinsurance	10% coinsurance	
Major Dental (bridges)	40% coinsurance	40% coinsurance	
Major Dental (crowns)	40% coinsurance	40% coinsurance	
Major Dental (dentures)	40% coinsurance	40% coinsurance	
Orthodontia (cosmetic, routine braces covered)	50% coinsurance	50% coinsurance	Children covered up to age 19

*This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan.

