

# Summary of Three NAONE Dental Plans and Services

## DentAssure Dental

\*Usual, Customary & Reasonable Charges for services is applicable.

Call 800-392-3112 or go to [Premier-dental.com](http://Premier-dental.com) for a network dentist listing.

<b>Premium:</b> Member Only	\$ 75.08	Member plus Spouse	\$ 145.74
Member plus Child	\$ 159.55	Member plus Family	\$ 233.58

### 100% Covered\* Preventive Services

Includes: oral exams, x-rays, topical fluoride treatment, space maintainers, sealants for children, & emergency treatment.

### 80% Covered\* Basic Services

Includes: extractions, oral surgery, restorative type fillings, endodontics treatment, periodontics treatment & general anesthesia.

### 50% Covered\* Major Services

Includes: crowns, inlays/on-lays, installation prosthodontics, & maintenance prosthodontics.

**\$50** Per Person Calendar Year Deductible  
Maximum \$150 per Family.  
Applies to Basic & Major Services Only.

**\$1500** Calendar Year Benefit Maximum Payment  
Charges for services above the maximum are your responsibility.

## Blue Shield of California Dental

\*Usual, Customary & Reasonable Charges for services is applicable.

Call 888-702-4171 or go to [blueshieldca.com](http://blueshieldca.com) for network dentist listing.

<b>Premium:</b> Member Only	\$ 67.88
Member plus One	\$ 117.70
Member plus Family	\$ 161.22

### 100% Covered\*

#### Diagnostic & Preventive Services

Includes: routine oral exams, x-rays, cleanings, & oral cancer screening.

### 80% Covered\*

#### Basic Services

Includes: anesthesia, restorative dentistry, emergency treatment to relieve pain, sealants, space maintainers, oral surgery, endodontics, & periodontics.

### 50% Covered\*

#### Major Services

Includes: crown buildups, crowns, prosthetics, on-lays, jackets, posts, cores & implants.

### Enhanced Dental Benefits for Pregnant Women

Includes: routine preventive treatment of disease (prophylaxis) pregnancy gingivitis, periodontal scaling, root planning, & periodontal maintenance.

**\$50**

#### Per Person Calendar Year Deductible

Maximum \$150 per Family. Applies to covered services other than diagnostic and preventive services as well as enhanced dental benefits for pregnant women.

**\$1500**

#### Calendar Year Benefit Maximum Payment

Charges for services above the maximum are your responsibility.

There are limitations to the frequency of using this plan's benefit services above. Please check your benefits booklet for additional information.

## Prepaid Dental

Call 800-562-9383 to find out more about the prepaid dental benefits.

<b>Premium:</b> Member Only	\$ 25.00	Member plus one or more	\$ 44.25
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### 100% Covered Preventive Services

Includes: oral exams, single x-rays, additional single x-rays, topical fluoride treatment, & oral hygiene.

### 100% Covered Basic Services

Includes: routine preventive treatment of disease (prophylaxis), local anesthesia, pulp capping, vital pulpotomy, & culture canal.

### 100% Covered Major Services

Includes: re-cement crown, bridge and inlays, temporary fillings, stress breaker prosthetic, & denture adjustment.

**No Deductible, Claim Forms, or Maximum Limit.**



Administered through **Integrity Administrators, Inc.** call via phone (916) 921-3388, toll-free (800) 562-9383, or email [admin@integrityadmin.com](mailto:admin@integrityadmin.com) for more information about the dental benefits offered on this page. This page is designed to highlight the features of these dental plans. For a complete description of dental benefits, contact your benefit office.