

Tulane University

Benefit Plan Design

Dental Benefits Summary⁺	Benefit Level <small>participating/non-participating</small>
Annual Deductible*	
Individual	\$50/\$50
Family	\$150/\$150
Preventive Service Covered Percent	100%/100%
Basic Service Covered Percent	80%/60%
Major Service Covered Percent	50%/40%
Annual Benefits Maximum	\$750/\$750
Office Visit Copay	N/A
Orthodontic Services	Not Covered
Orthodontic Deductible	N/A
Orthodontic Lifetime Maximum	N/A
<small>*The deductible applies to Basic and Major services only.</small>	

Partial List of Plan Provisions Preventive	Benefit Level <small>participating/non-participating</small>
Oral Examinations*	100%/100%
Cleanings, including scaling and polishing* (Adult/Child)	100%/100%
Fluoride*	100%/100%
Sealants (permanent molars only)	100%/100%
Bitewing X-rays*	100%/100%
Full-mouth series X-rays*	100%/100%
Space maintainers	100%/100%
Basic	
Root canal therapy, with X-rays and cultures	80%/60%
Anterior teeth/Bicuspid teeth	80%/60%
Amalgam (silver) fillings	80%/60%
Composite fillings (anterior teeth only)	80%/60%
Stainless steel crowns	80%/60%
Scaling and root planing*	80%/60%
Gingivectomy	80%/60%
Incision and drainage of abscess	80%/60%
Uncomplicated extractions	80%/60%
Surgical removal or erupted tooth	80%/60%
Surgical removal or impacted tooth (soft tissue)	80%/60%
Major	
Root canal therapy, molar teeth, with X-rays and cultures	50%/40%
Osseous surgery*	50%/40%
Surgical removal of impacted tooth (partial bony/full bony)	50%/40%
General anesthesia/intravenous sedation	50%/40%
Inlays	50%/40%
Onlays	50%/40%
Crowns	50%/40%
Full and partial dentures	50%/40%
Denture repairs	50%/40%
Pontics	50%/40%
<small>*Frequency and/or age limitations may apply to these services. These limits are described in the plan documentation.</small>	

*This is a brief summary of dental benefits and does not include exclusions and limitations.