

**GBA Insurance Trust, Inc.**  
**2021 Summary of Dental Benefits for Plan # 274**

**Calendar Year Deductibles**

Individual	\$100
Family	\$300

**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	<a href="http://www.bcbsga.com">www.bcbsga.com</a>
Paragon Customer Service	877-380-0193
Claims on the Internet	<a href="http://www.paragonbenefits.com">www.paragonbenefits.com</a>
Plan Certificates	<a href="http://www.gabankers.com/GBAIT/gbaithome.asp">tp://www.gabankers.com/GBAIT/gbaithome.asp</a>

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

*Late enrollees will not have major or orthodontic services for the first 18 months.*

*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*