

**GBA Insurance Trust, Inc.**  
**2020 Summary of Dental Benefits for Plan # 275**

**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, etc.

**Major Dental Services** 50% \*  
Includes crowns, bridges, & dentures

**Orthodontic Services** Children Under Age 19 Only  
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.booklets.htm">www.gabankers.com/gbait.booklets.htm</a>

*\* No benefits will be paid for major services for the first 12 months.*

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

*Credit will be given for those employees covered under their prior plan.*

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

*Voluntary participation; payroll deduction under the Section 125 Plan.*

*Dependents covered only if the employee is covered.*

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