

GBA Insurance Trust, Inc.
2024 Summary of Dental Benefits for Plan # 274

Calendar Year Deductibles

Individual	\$50
Family	\$150

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	www.bcbsga.com
Paragon Customer Service	877-380-0193
Claims on the Internet	www.paragonbenefits.com
Plan Certificates	tp://www.gabankers.com/GBAIT/gbaithome.asp

**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*