

GBA Insurance Trust, Inc.

2024 Summary of Dental Benefits for Plan # 275

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, 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	www.bcbsga.com
Paragon Customer Service	877-380-0193
Claims on the Internet	www.paragonbenefits.com
Plan Certificates	www.gabankers.com/gbait.booklets.htm

** 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.