



COLLIN COUNTY
Dental Plan Summary
 Effective January 1, 2020

Coverage Services	Cost
Calendar Year Deductible (Individual/Family)	\$50/\$150
Calendar Year Maximum (Per Person)*	\$1,000
Lifetime Orthodontia Maximum (Per Person)	\$1,500
Preventive Services	
<ul style="list-style-type: none"> • Two Oral Examinations per calendar year • Dental Prophylaxis (Cleanings), 2 per calendar year • Bitewing X-rays, two series per year • Complete Series or Panorex X-rays, one time per 36 months • Fluoride treatments for children under the age of 19 years, up to once per 6 months period • Sealants 	Plan pays 100% Deductible does not apply
Basic Services	
<ul style="list-style-type: none"> • Fillings (Amalgam, Silicate, Acrylic) • Root canal • Periodontic surgery • Extractions and other oral surgery • Emergencies 	Plan pays 80% Deductible does not apply
Major Services	
<ul style="list-style-type: none"> • Gold and porcelain fillings and crowns • Installation of bridgework and crowns • Repair, replacement and maintenance of bridgework and dentures • Dental implants 	Plan pays 50% After Deductible
Orthodontic Services (Adult and Children)	
<ul style="list-style-type: none"> • Diagnose or correct misalignment of the teeth or bite 	Plan pays 50% Preauthorization required

*Oral examinations, dental prophylaxis (cleanings), and x-rays do not count towards the calendar year maximum