Adult Vision & Dental Benefit

Adult Vision (Ages 19 years of age and older*)	In-Network	Out-of-network
Routine Eye Exam	100% covered	Not Covered
Eyeglasses (frames)	Covered up to $130	Not Covered
Lenses (per pair) - single, bifocal, trifocal, lenticular	100% covered	Not Covered
Contact lenses (in lieu of glasses)	Covered up to $130	Not Covered
Contact lens fitting	100% covered	Not Covered
Specialty lens fitting	Covered up to $50	Not Covered

*Adult routine vision does not apply to plan maximum.

Adult Dental* (Ages 19 years of age and older, does not include Pediatric Dental Coverage)

Annual Maximum Dental Benefit** - $1,000 per covered person per calendar year (All benefits subject to Annual Maximum.)

Preventative and Diagnostic (Class 1)	In-Network	Out-of-network
Routine Cleaning	No charge	Not Covered
Oral Exam	No charge	Not Covered
X-ray - bite-wing, full-mouth and panoramic film	No charge	Not Covered
Topical Fluoride Application	No charge	Not Covered

Minor Restorative (Class 2)	In-Network	Out-of-network
Minor Restorative - metal and resin based fillings	50% coinsurance	Not Covered
Endodontic Therapy	50% coinsurance	Not Covered
Periodontics - scaling, root planning and periodontal maintenance	50% coinsurance	Not Covered
Simple Extractions	50% coinsurance	Not Covered
Prosthodontics - relines, rebase, adjustment and repairs	50% coinsurance	Not Covered

Major Restorative (Class 3)	In-Network	Out-of-network
Crowns and Bridges	50% coinsurance	Not Covered
Dentures	50% coinsurance	Not Covered
More complex extractions and surgical services	50% coinsurance	Not Covered

*If you require coverage for Pediatric Dental please shop on the Health Insurance Marketplace for a stand alone dental plan.

**Dental Annual Maximum Benefit does not apply toward any other maximums.

To learn more about Ambetter contact: