ExxonMobil Dental Plan 2020 Summary of Benefits



Member Services: **800-255-2386**

Group Number: **721001**Service Area: **Worldwide**

www.aetna.com



Plan Code: 20BA

Monthly Participant Contributions

Participant Only \$27.00
Participant + 1 \$54.00
Participant + 2 or more \$81.00

Services	Coverage
Annual Deductible Individual Family	\$50 \$150
Annual Dental Maximum (applies to General and Major services only)	\$2,000 per covered person
 Preventive Services Oral Examinations X-rays (Bitewing, Periapical, Panoramic) Prophylaxis and/or Periodontal Cleanings (up to four cleanings per calendar year) Tooth Sealants (one application per tooth in any three consecutive years) Fluoride Applications Space Maintainers (for children under age 19) Emergency Exams and X-rays (if no other treatment that day) Occlusal (night) Guards 	100% (no deductible)
 General Services Fillings Extractions General Anesthetics Injected Antibiotics Oral Surgery Periodontics (treatment of gums) Endodontics (root canals) Denture and bridge repairs 	80% (after deductible)
 Major Services Original bridges and dentures Replacement of unserviceable bridges and dentures Crown and gold restorations 	50% (after deductible)
Orthodontic Services Orthodontia Lifetime Maximum	50% (no deductible) \$2,000 per covered person

This is only a summary. The health plan and benefits summarized herein are governed under law by formal Plan documents. If there is a discrepancy between the information provided in this Summary of Benefits and the formal Plan documents, the Plan documents control.