ExxonMobil Dental Plan

2024 Summary of Benefits



Member Services: 800-255-2386

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

www.aetna.com



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 (Full mouth or panoramic, limited to once in any three consecutive years; Bitewing, limited to one time per calendar year; Periapical, no limit) Prophylaxis and/or Periodontal Cleanings (up to four cleanings per calendar year) Tooth Sealants (Permanent molars only - One application per tooth in any three consecutive years) Fluoride Applications (2 for children under 16) Space Maintainers (for children under age 19) Emergency Exams and X-rays (if no other treatment that day) Occlusal (night) Guards 	100% (no deductible)
 Fillings Extractions General Anesthetics Injected Antibiotics Oral Surgery Periodontics (treatment of gums) Endodontics (root canals) Denture and bridge repairs Debridement (once per lifetime) 	80% (after deductible)
 Major Services Original bridges and dentures Replacement of unserviceable bridges and dentures Crown and gold restorations 	50% (after deductible) 5 year limitation on all prosthetics except crowns
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.