

ExxonMobil Dental Plan

2023 Summary of Benefits



Member Services: **800-255-2386**
 Group Number: **721001**
 Service Area: **Worldwide**
www.aetna.com



| Services | Coverage |
|--|---|
| Annual Deductible <ul style="list-style-type: none"> Individual Family | \$50 \$150 |
| Annual Dental Maximum (applies to General and Major services only) | \$2,000 per covered person |
| Preventive Services <ul style="list-style-type: none"> Oral Examinations X-rays (Bitewing, Periapical, Panoramic) (1 set per calendar year) 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 and 1 for adults per year) 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 <ul style="list-style-type: none"> Fillings Extractions General Anesthetics Injected Antibiotics Oral Surgery Periodontics (treatment of gums) Endodontics (root canals) Denture and bridge repairs | 80% (after deductible) |
| Major Services <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.