## **ExxonMobil Dental Plan 2021 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
<ul> <li>Preventive Services</li> <li>Oral Examinations</li> <li>X-rays (Bitewing, Periapical, Panoramic)</li> <li>Prophylaxis and/or Periodontal Cleanings (up to four cleanings per calendar year)</li> <li>Tooth Sealants (one application per tooth in any three consecutive years)</li> <li>Fluoride Applications</li> <li>Space Maintainers (for children under age 19)</li> <li>Emergency Exams and X-rays (if no other treatment that day)</li> <li>Occlusal (night) Guards</li> </ul>	100% (no deductible)
<ul> <li>General Services</li> <li>Fillings</li> <li>Extractions</li> <li>General Anesthetics</li> <li>Injected Antibiotics</li> <li>Oral Surgery</li> <li>Periodontics (treatment of gums)</li> <li>Endodontics (root canals)</li> <li>Denture and bridge repairs</li> </ul>	80% (after deductible)
<ul> <li>Major Services</li> <li>Original bridges and dentures</li> <li>Replacement of unserviceable bridges and dentures</li> <li>Crown and gold restorations</li> </ul>	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.