

# AHCT 2024 Standard Stand-Alone Dental Plan

## Exhibit 1

For use by Issuers including coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive &amp; Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	[ ]
Out-of-Pocket Maximum *		
For one child	\$350	[ ]
Two or more children	\$700	[ ]
Diagnostic Services		
Oral Exams <i>(twice per year)</i>	\$0	[ ]
X-Rays		
Periapicals <i>(four per year)</i>		
Bitewing Radiographs <i>(once every year)</i>		
Panoramic or Complete Series <i>(once every three years)</i>		
Preventive Services		
Cleanings <i>(twice per year)</i>	\$0	[ ]
Periodontal Scaling and Root Planing		
Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i>		
Fluoride * <i>(twice per year)</i>		
Sealants *		
Basic Services		
Filings	20% after INET deductible is met	[ ]
Simple Extractions		
Major Services		
Surgical Extractions	40% after INET deductible is met	[ ]
Endodontic Therapy (i.e., Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prostodontics (Complete and Partial Dentures; Fixed Bridgework)		
Other Services		
Medically-Necessary Orthodontic Services *	50% after INET deductible is met	[ ]
Waiting Periods and Plan Maximums <i>(for covered persons not eligible for dependent child benefit)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	No waiting period	
Basic Services	6 months <sup>^</sup>	
Major Services	12 months <sup>^</sup>	
<sup>^</sup> Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.		
<b>Plan Maximum</b> <i>(combined for In-Network and Out-of-Network Services)</i>	\$2,000 per member	

\*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.

**AHCT 2024 Standard Stand-Alone Dental Plan**  
**Exhibit 2**

For use by Issuers excluding coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays
Deductible ( <i>Does not apply to Preventive &amp; Diagnostic Services</i> )	\$60 per member, up to 3 family members
Out-of-Pocket Maximum *	
For one child	\$350
Two or more children	\$700
Diagnostic Services	
Oral Exams ( <i>twice per year</i> )	\$0
X-Rays	
Periapicals ( <i>four per year</i> )	
Bitewing Radiographs ( <i>once every year</i> )	
Panoramic or Complete Series ( <i>once every three years</i> )	
Preventive Services	
Cleanings ( <i>twice per year</i> )	\$0
Periodontal Scaling and Root Planing	
Periodontal Maintenance ( <i>once every 3 months following periodontic surgery</i> )	
Fluoride * ( <i>twice per year</i> )	
Sealants *	
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthetics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically-Necessary Orthodontic Services *	50% after deductible is met
Waiting Periods and Plan Maximums ( <i>for covered persons not eligible for dependent child benefit</i> )	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	No waiting period
Basic Services	6 months <sup>^</sup>
Major Services	12 months <sup>^</sup>
<sup>^</sup> Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.	
<b>Plan Maximum</b>	\$2,000 per member

\*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.