



# VAULT Dental 3.0

## Benefits You Can Bank On

Access to over 261,600 dentist access points nationwide. Our dentists agree to member pricing below their usual fees. Members then experience these price savings each time they visit a dentist. The Dental 3.0 Plan provides set copays starting at \$0. Our deductible plans are competitive with most major providers starting at \$3,000.

**Dental 3.0 Plan provides coverage for Dental Services with \$0 copays for preventative services.**

Individual Annual Deductible	\$0
Family Annual Deductible	\$0
Individual Maximum Benefit	\$3000
Family Maximum Benefit	\$6000
Network	Dentemax

\*\*\*For more information on your provider visit  
<https://americanadvantagesavings.com/sites/default/files/2020-08/find-a-provider-dentemax.pdf>



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## What's Included?

Preventative/Diagnostic Services	Member Pays	Limitations
Oral examinations	0% Coinsurance	1 per consecutive 6 month period
Cleanings Adult/Child	0% Coinsurance	1 per consecutive 6 month period
Fluoride	0% Coinsurance	1 per consecutive 6 month period
Sealants (permanent molars only)	0% Coinsurance	treatment per tooth per consecutive 36 month period
Bitewing Xrays	0% Coinsurance	1 set per consecutive 12 month period

Preventative/Diagnostic Services	Preventative/Diagnostic Services	Preventative/Diagnostic Services
Full mouth series Xrays*	20% Coinsurance	A waiting period of 6 months applies in connection with all Basic Restorative Services. *1 per consecutive 60 month period.
Restorative Amalgam or Composite	20% Coinsurance	
Routine Tooth Extraction	20% Coinsurance	

Preventative/Diagnostic Services	Preventative/Diagnostic Services	Preventative/Diagnostic Services
Endodontics	50% Coinsurance	A waiting period of 12 months applies in connection with all Major Restorative Services.
Periodontics	50% Coinsurance	
Dentures	50% Coinsurance	
Crowns	50% Coinsurance	
Complex Extraction	50% Coinsurance	
Local Anesthesia	50% Coinsurance	
Onlays	50% Coinsurance	
Implants	50% Coinsurance	

### Please Note

The waiting period is the amount of time you must be enrolled in the plan before you are eligible to receive plan benefits for the treatments subject to the waiting period. For example, you enrolled in coverage effective July 1, the plan will not cover any portion of the costs for a basic restorative service until January 1 of the next year. The plan will not cover any portion of the costs for a major restorative service until July 1 of the next year.

The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan.

