



FROM



GET ADDITIONAL COVERAGE WITH THE OPTIONAL, ADD-ON

Adult Vision/Dental Benefit

Adult Vision

(Ages 19 years of age and older*)

| | In-Network | Out-of-network | Subject to Deductible |
|---|---------------------|----------------|-----------------------|
| Routine Eye Exam | 100% covered | Not Covered | No |
| Eyeglasses (frames) | Covered up to \$130 | Not Covered | No |
| Lenses (per pair) - single, bifocal, trifocal, lenticular | 100% covered | Not Covered | No |
| Contact lenses (in lieu of glasses) | Covered up to \$130 | Not Covered | No |
| Contact lens fitting | 100% covered | Not Covered | No |
| Specialty lens fitting | Covered up to \$50 | Not Covered | No |

*Adult routine vision does not apply to plan maximum.

Adult Dental*

(Ages 19 years of age and older, does not include Pediatric Dental Coverage)

Annual Maximum Dental Benefit** \$1,000 per covered person per calendar year (All benefits subject to Annual Maximum.)

Preventive and Diagnostic-Basic (Class 1)

| | In-Network | Out-of-network | Subject to Deductible |
|---|------------|----------------|-----------------------|
| Routine Cleaning | No charge | Not Covered | No |
| Oral Exam | No charge | Not Covered | No |
| X-ray - bitewing, full-mouth and panoramic film | No charge | Not Covered | No |
| Topical Fluoride Application | No charge | Not Covered | No |
| Palliative Treatment for relief of pain | No charge | Not Covered | No |

Minor Restorative-Comprehensive (Class 2)

| | In-Network | Out-of-network | Subject to Deductible |
|--|-----------------|----------------|-----------------------|
| Minor Restorative - metal and resin based fillings | 50% coinsurance | Not Covered | No |
| Endodontics - therapeutic pulpotomy and pulp cap | 50% coinsurance | Not Covered | No |
| Periodontics - scaling, root planing and periodontal maintenance | 50% coinsurance | Not Covered | No |
| Oral Surgery and Extractions | 50% coinsurance | Not Covered | No |
| Prosthodontics - relines, rebase, adjustment and repairs | 50% coinsurance | Not Covered | No |

*If you require coverage for Pediatric Dental please shop on the Health Insurance Marketplace for a stand alone dental plan.

**Dental Annual Maximum Benefit does not apply toward any other maximums.

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Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Peach State Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1180 (TTY/TDD 1-877-941-9231).