



## PLAN YEAR COVERAGE

\$2,500 \$25

Plan Paid Max

Deductible

#### **HELP & SUPPORT**



www.bcbsok.com 800.313.5162

# PREVENTIVE & DIAGNOSTIC SERVICES



**Every 6 Months** 

Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis

#### **BASIC SERVICES**



**Co-Insurance** 

Fillings, Simple Extractions, Surgical Removal of Teeth & Root Canals

#### **MAJOR SERVICES**



**Co-Insurance** 

Implants, Crowns, Full or Partial Dentures, Bridge Repairs & Occlusal Guards

## ORTHODONTICS



Lifetime Maximum

**Co-Insurance** 

For Dependent Children up to age 26

#### MONTHLY RATES

\$47.62 Member
\$25.16 Child
\$40.00 Children
\$58.82 Spouse
\$83.98 Spouse & Child
\$98.82 Spouse & Children



## **LEARN MORE**

Scan **QR CODE** Visit **OPEHW.COM** Call **800.468.5744** 

