

#### Plan Highlights

	PPO™	Premier® and Out-of-Network
<b>Calendar Year Deductible</b> Per person/per family (excluding Preventive and Diagnostic)	\$50/\$150	
<b>Calendar Year Maximum</b> (Per enrollee)		
<b>Waiting Period</b>	None	
<b>Orthodontics</b>	50% (\$1,000 lifetime maximum)	

#### Benefits

Preventive & Diagnostic		Frequency	Coverage* PPO / Premier / Out-of-Network
Oral Exams and Evaluations Consultations - combined with all other exams Emergency exams - combined with all other exams	2 per calendar year	100%	
Cleanings/Prophylaxis	2 per calendar year		
Bitewing X-rays	2 per calendar year (through age 18) 1 per calendar year (age 19 and older)		
Full mouth X-rays or panoramic film	1 per 5 years		
Sealants	1 per lifetime per tooth (dependents through age 14) on permanent molars with no prior restorations on the “O” surface. Not covered in addition to resin fillings.		
Topical fluoride	2 per calendar year (through age 18)		
Space maintainers	1 per arch per lifetime (through age 13)		
Basic Services			
Fillings	Repeat restorations of same surface payable once in 2 years	100%	
Composite/resin restorations on second bicuspid and molars (white fillings)	Composite resin restorations will be covered on all teeth		
Simple Extractions	1 per lifetime per tooth		
Root Canal Therapy (Endodontics)	1 per lifetime per tooth		
Periodontal Maintenance	2 per calendar year. Periodontal maintenance is interchangeable with, but not in addition to, routine cleanings		
Scaling and Root Planing	1 per 2 years per quadrant.		
Periodontal surgeries (gingivectomy, osseous surgery, flap surgery and grafts, etc.)	1 per 3 years per quadrant. Note, frequencies vary by procedure code.		
Oral Surgery	Frequencies vary by procedure code. If performed within 6 months of a major restoration or endodontic procedure no further benefits provided for the extraction.		
General Anesthesia or IV sedation	Payable with covered oral surgery		

\*Members will be subject to balance billing for covered services. PPO Dentist: Coverage percent is based on the PPO Schedule of Fees. Premier: Coverage percent is based on the Participating Dentist Maximum Approved Charge (PMAC). Non-participating: Coverage percent is based on the Non-Participating Dentist Maximum Approved Charge (NMAC).

## Benefits, continued

Major Services		Frequency	Coverage* PPO / Premier / Out-of-Network
Single Crowns	Replacement 1 in 5 years against itself or any other major services on the same tooth.		60%
Stainless Steel Crowns	Replacement 1 in 2 years		
Crown inlay, onlay and veneer repairs	No frequency limitations		
Crown recements	Payable 6 months after insertion then 1 in 12 months		
Post and Core	Replacement 1 in 5 years		
Inlays	Given alternate benefit of a composite at the restorative copay		
Inlays/Onlays	If inlays are payable replacement 1 in 5 years; onlays are payable 1 in 5 years		
Implants	Once every 60 months per tooth for ages 16 and older		
Bridgework (abutment crowns and pontics)	1 per 5 years		
Recements	Not billable when performed within 6 months of initial placement by the same dentist/dental office, but then payable 1 per 12 months		
Repairs	Not billable within 12 months of the initial placement, but then payable 2 per 3 years.		
Dentures (complete and partials)	1 initial placement per 5 years		
Adjustments	Not billable when performed within 6 months of the initial placement by the same dentist/dental office, but then payable 2 in 12 months		
Repairs, relines and rebases	Not billable when performed within 6 months of the initial placement by the same dentist/dental office, but then payable 1 in 6 months		

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For benefits or claims questions, call **800-452-9310**.

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