

# Dental for Everyone

## Immediate Coverage PPO/Premier



- Free choice of Dentist
- Benefits up to \$3,000 per calendar year
- Benefits increase after the first and second years
- 12 month waiting period for ortho
- Ortho lifetime maximum is \$1,500
- \$25 copay per person per visit / \$150 lifetime deductible for Ortho

### Dental Benefit Highlights

	Year 1	Year 2	Year 3
<b>Diagnostic &amp; Preventive (no waiting period)</b>			
<ul style="list-style-type: none"> <li>• <b>Diagnostic:</b> Routine periodic examinations once in a 6 month period.</li> <li>• <b>Preventative:</b> Dental prophylaxis (teeth cleaning) once in a 6 month period.</li> <li>• <b>Radiography:</b> Bitewing and full mouth x-rays.</li> </ul>	80%	90%	100%
<b>Basic Services (no waiting period)</b>			
<ul style="list-style-type: none"> <li>• <b>Restorative:</b> Amalgam fillings.</li> <li>• <b>Other:</b> Space maintainers, recementation of crowns</li> </ul>	60%	70%	80%
<b>Major Services (no waiting period)</b>			
<ul style="list-style-type: none"> <li>• <b>Endodontics:</b> Pulpal therapy and root canals.</li> <li>• <b>Periodontics:</b> Treatment of diseases of the gums.</li> <li>• <b>Oral Surgery:</b> Extractions and other oral surgery, including pre and post operative care.</li> <li>• <b>Prosthetics:</b> Gold restorations, crowns, bridges, partials, and complete dentures</li> <li>• <b>Other:</b> Pontics, repair of crowns and bridges, repair of full and partial dentures.</li> </ul>	10%	40%	50%
<b>Orthodontia Services (12 month waiting period)</b>			
<ul style="list-style-type: none"> <li>• \$1,500 Lifetime Max, Limited to \$300 per Calendar Year</li> <li>• Orthodontic benefits are only available for eligible dependent children.</li> </ul>	0%	50%	50%

**Deductible:** \$150 lifetime deductible for Ortho

**Office Co-Pay:** \$25 Copay Per Person Per Visit