

Dental Insurance

Plan Features:	Low Plan Active PPO MAX With PPOII Network		High Plan Passive PPO With PPOII Network
	Participating	Non-participating	Participating & Non-participating
Annual Deductible* (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150
Preventive Services	100%	80%	100%
Basic Services	80%	70%	80%
Major Services	50%	40%	50%
Annual Benefit Maximum*	\$1,000	\$1,000	\$1,000
Office Visit Copay	N/A	N/A	N/A
Orthodontic Services**	Not Covered	Not Covered	50%**
Orthodontic Deductible	Not Covered	Not Covered	None
Orthodontic Lifetime Maximum	Not Covered	Not Covered	\$1,000
*Applies to: Basic & Major services only **Orthodontia is covered only for children (appliance must be placed prior to age 20).			
Reward Provisions			
Required Service for Annual Maximum Increase in the following year	Any Preventive Service	Any Preventive Service	Any Preventive Service
Annual Maximum Reward Increase	\$200	\$200	\$200
Maximum Number of Increases	3	3	3
Annual Maximum Impact if No Visit	Reduced to original plan level	Reduced to original plan level	Reduced to original plan level
<i>Increase does not apply to Orthodontia</i>			
Preventive Services (partial list)			
Oral examinations ¹	100%	80%	100%
Cleanings ¹ Adult/Child	100%	80%	100%
Fluoride ¹	100%	80%	100%
Sealants ¹ (permanent molars only)	100%	80%	100%
Bitewing Images ¹	100%	80%	100%
Full mouth series Images ¹	100%	80%	100%
Space Maintainers	100%	80%	100%
Basic Services (partial list)			
Root canal therapy Anterior teeth / Bicuspids teeth	80%	70%	80%
Root canal therapy, molar teeth	80%	70%	80%
Scaling and root planing ¹	80%	70%	80%
Gingivectomy ²	80%	70%	80%
Amalgam (silver) fillings	80%	70%	80%
Composite fillings (anterior teeth only)	80%	70%	80%
Stainless steel crowns	80%	70%	80%
Incision and drainage of abscess ²	80%	70%	80%
Uncomplicated extractions	80%	70%	80%
Surgical removal of erupted tooth ²	80%	70%	80%
Surgical removal of impacted tooth (soft tissue) ²	80%	70%	80%
Osseous surgery ^{1 2}	80%	70%	80%
Surgical removal of impacted tooth (partial bony/ full bony) ²	80%	70%	80%
General anesthesia/intravenous sedation ²	80%	70%	80%
Crown Lengthening	80%	70%	80%
	Low Plan		High Plan
	Participating	Non-participating	Participating & Non-participating
Major Services (partial list)			
Inlays	50%	40%	50%
Onlays	50%	40%	50%
Crowns	50%	40%	50%
Full & partial dentures	50%	40%	50%
Pontics	50%	40%	50%
Denture repairs	50%	40%	50%
Crown Build-Ups	50%	40%	50%

¹Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

²Certain services may be covered under the Medical Plan. Contact Member Services for more details.