

Plan Highlights

| | PPO™ | Premier® and Out-of-Network |
|---|-------------|-----------------------------|
| Calendar Year Deductible Per person/per family (excluding Preventive and Diagnostic) | \$50/\$150 | |
| Calendar Year Maximum (Per enrollee) | \$1,500 | \$1,000 |
| Waiting Period | None | |
| Orthodontics | Not covered | |

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 bicuspids 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 | |

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Benefits, continued

| Major Services | Frequency | Coverage* |
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| | | 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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