



DENTAL BENEFITS

Custom	
Participating Provider Plan:	PASSIVE PPO
	IN NETWORK/OUT OF NETWORK
Deductible:	\$25 Annual Maximum 3 Per Family Waived for Class A (Applies to Class B & C Services)
Benefit Year Maximum:	\$1,250
Carryover Benefit:	Yes

Coinsurance	IN NETWORK/OUT OF NETWORK
Class A:	100%
Class B:	80%
Class C:	50%
Class D:	50%
	Custom
Class A Preventative Services	<ul style="list-style-type: none"> Waiting Period: None Routine exams (2 per 12 months) Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) <ul style="list-style-type: none"> Bitewing x-rays (max 4 films:1 per 12 months) Full mouth x-ray (1 per 24 months) Fluoride to age 16 (1 per 12 months) Sealants to age 16 (permanent molars, 1 per 36 months) <ul style="list-style-type: none"> Space maintainers to age 16 (1 per 24 months)
Class B Basic Services	<ul style="list-style-type: none"> Waiting Period: None Emergency pain (1 per 12 months) Fillings Posterior composite restorations Anesthesia (subject to review, covered with complex oral surgery) <ul style="list-style-type: none"> Simple extractions Non-surgical periodontics Periodontal Maintenance (2 per 12 months in addition to Prophylaxis) <ul style="list-style-type: none"> Oral surgery (surgical extractions & impactions) Endodontics (root canals)
Class C Major Services	<ul style="list-style-type: none"> Waiting Period: None Inlays Onlays Crowns, bridges, dentures, and endosteal implants (in lieu of an approved 3-unit bridge)
Class D Orthodontics	<ul style="list-style-type: none"> Waiting Period: None Orthodontia Lifetime/Annual Maximum: \$1,250/None <ul style="list-style-type: none"> Adult & Dependent Child coverage Up to 25% of lifetime allowance may be payable on initial banding
Reimbursements	<ul style="list-style-type: none"> In Network: Fee Schedule Non-Network: Maximum allowable charge based on 95th percentile