

PPO Dental Plan –In-Network

Maximum Annual Coverage

Deductible

Office Visits/Exams

X-Rays - standard (excluding ortho x-rays)

Teeth Cleaning (once every 6 months)

Filings:

1 surface

2 surfaces

3 surfaces

4 surfaces

White (Anterior teeth only)

1 surface

2 surfaces

3 surfaces

4 surfaces

Extractions:

Simple Extraction

Surgical Extraction (1 yr waiting period)

Soft tissue impaction (1 yr waiting period)

Partial bony impaction (1 yr waiting period)

Root Canal: (6 month waiting period)

Anterior

Bicuspid

Molar

Crowns: (1 yr waiting period)

Porcelain/ceramic (excludes molars)

Porcelain/ceramic (molars only)

Porcelain to noble metal (excluding molars)

Porcelain to noble metal (molars only)

Periodontics: (1 yr waiting period)

Perio scaling - per quad

Gingivectomy - per quad

Gingivectomy - per tooth

PPO Dental

Insurance pays*

\$2000

\$50

100%

100%

100%

90%

90%

90%

90%

90%

90%

90%

90%

90%

60%

60%

60%

60%

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60%

60%

60%

Actual charges to be determined by your dentist