

PPO Dental Plan – Out of Network

PPO Dental

Insurance pays*

Maximum Annual Coverage

\$1000

Deductible

\$100

Office Visits/Exams

80%

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

80%

Teeth Cleaning (once every 6 months)

Filings:

1 surface 80%

2 surfaces 70%

3 surfaces 70%

4 surfaces 70%

White (Anterior teeth only)

1 surface 70%

2 surfaces 70%

3 surfaces 70%

4 surfaces 70%

Extractions:

Simple Extraction 70%

Surgical Extraction (1 yr waiting period) 40%

Soft tissue impaction (1 yr waiting period) 40%

Partial bony impaction (1 yr waiting period) 40%

Root Canal: (6 month waiting period)

Anterior 40%

Bicuspid 40%

Molar 40%

Crowns: (1 yr waiting period)

Porcelain/ceramic (excludes molars) 40%

Porcelain/ceramic (molars only) 40%

Porcelain to noble metal (excluding molars) 40%

Porcelain to noble metal (molars only) 40%

Periodontics: (1 yr waiting period)

Perio scaling - per quad 40%

Gingivectomy - per quad 40%

Gingivectomy - per tooth 40%

Actual charges to be determined by your dentist

Percentages are based on UCR fee schedule