

## **PPO Dental Plan – Out of Network**

## **PPO Dental**

Insurance pays\*

### **Maximum Annual Coverage**

\$1000

### **Deductible**

\$150

### **Office Visits/Exams**

80%

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

80%

### **Teeth Cleaning** (once every 6 months)

#### **Filings:**

*1 surface* 70%

*2 surfaces* 70%

*3 surfaces* 70%

*4 surfaces* 70%

*White (Anterior teeth only)*

#### **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%

#### **Orthodontics:**

*Orthodontia Procedures* 50%

*(\$1000 Lifetime Maximum Benefit)*

Actual charges to be determined by your dentist

**Percentages are based on UCR fee schedule**