

PPO Dental Plan –In-Network

PPO Dental

Insurance pays*

Maximum Annual Coverage

\$2000

Deductible

\$100

Office Visits/Exams

100%

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

100%

Teeth Cleaning (once every 6 months)

100%

Filings:

1 surface

80%

2 surfaces

80%

3 surfaces

80%

4 surfaces

80%

White (Anterior teeth only)

Extractions:

Simple Extraction

80%

Surgical Extraction (1 yr waiting period)

50%

Soft tissue impaction (1 yr waiting period)

50%

Partial bony impaction (1 yr waiting period)

50%

Root Canal: (6 month waiting period)

Anterior

50%

Bicuspid

50%

Molar

50%

Crowns: (1 yr waiting period)

Porcelain/ceramic (excludes molars)

50%

Porcelain/ceramic (molars only)

50%

Porcelain to noble metal (excluding molars)

50%

Porcelain to noble metal (molars only)

50%

Periodontics: (1 yr waiting period)

Perio scaling - per quad

50%

Gingivectomy - per quad

50%

Gingivectomy - per tooth

50%

Orthodontics:

Orthodontia Procedures

50%

(\$1000 Lifetime Benefit Maximum)

Actual charges to be determined by your dentist