

Dental Benefits-At-A-Glance

(Options 1 and 2)

Plan Type	Plan Option 1	Plan Option 2	
	Indemnity Dental PPO (use network provider and obtain discount)	Dental PPO Plan (In Network)	Dental PPO Plan (Out of Network)
Annual Deductible (waived for preventive)	\$25 person / \$75 family	None	\$50/person \$150/family
Annual Benefit Maximum	\$1,500 per person	Unlimited	\$1,000 per person
Lifetime Orthodontia Maximum	\$1,500 per person (child only)	\$1,500 per person (child only)	\$1,000 per person (child only)
Preventive			
Exams (limit 2 per year) *	100%	100%	100%
Cleaning (limit 2 per year)	100%	100%	100%
Fluoride (limit 1 per year) to age 18	100%	100%	100%
Sealants on permanent molar (limit 1 every 3 years to age 16)	100%	100%	100%
DMO has no age limitation			
Bitewing X-rays (limit 2 per year)	100%	100%	100%
X-rays full mouth (one set every 2 years) ***	100%	100%	100%
Endodontics			
Pulp Capping	80%	85%	50%
Root Canal Anterior and Bicuspid	80%	85%	50%
Molar Root Canal Anterior & Bicuspid	80%	85%	50%
Restorations			
Fillings	80%	85%	50%
Stainless Steel Crowns	80%	85%	50%
Acrylic Temp. Crowns	80%	85%	50%
Periodontics Maintenance			
Scaling/root planning (4 separate quads per year)	80%	85%	50%
Gingivectomy	80%	85%	50%
Osseous Surgery	80%	85%	50%
**Oral Surgery			
Extractions	80%	85%	50%
Incision/drainage	80%	85%	50%
Removal impacted teeth	80%	85%	50%
Restoration and Prosthodontics			
Inlays and Onlays	80%	60%	50%
Crowns (freestanding)	80%	60%	50%
Bridge and crown repairs	80%	60%	50%
Dentures	80%	60%	50%
Denture Repairs †	80%	60%	50%
Bridges †	80%	60%	50%
False teeth	80%	60%	50%
Occlusal guard (for bruxism only), limited to 1 every 3 years	80%	60%	50%
Anesthesia is covered when medically necessary and in conjunction with covered services.	80%	85%	50%
Space Maintainers	80%	85%	50%
Orthodontia	50% (child only)	50% (child only)	50% (child only)

Indemnity Dental PPO means if you use a Participating dentist, covered charges will be discounted. Show ID card to obtain network discount. All non-network provider charges are subject to Usual & Prevailing fee (U&P).

*Only two exams per year whether it is preventive or due to a dental diagnostic visit.

Associate out-of-pocket expense is based on dentist Usual and Prevailing fee (not a contract rate).

†Replacement of crowns, dentures or bridgework less than 5 years old is not covered.

****Certain oral surgery procedures are covered under the Medical Choice Plus Plan. Refer to the "Covered Services" section of the Medical SPD.**

***Frequency limit waived if required for dental conditions.

DMO At-A-Glance Chart

Option 3

Plan Type / Network	Option 3 - Dental Maintenance Organization (DMO) <i>Must use DMO dentist to obtain benefits</i>
Annual Deductible (waived for preventive)	No deductible applies. Coinsurance may apply.
Annual Benefit Maximum	Unlimited
Lifetime Orthodontia Maximum (child and adult)	Unlimited
Preventive	
Exams (limit 4 per year)	100%
Cleaning (limit 2 per year)	100%
Fluoride (limit 1 per year)	100%
Sealants (limit 1 every 3 yrs) (on permanent molars only)	100%
Bitewing X-Rays (limit 2 per year)	100%
X-Rays (limit 1 every rolling 3 years)	100%
Endodontics	
Pulp Capping	100%
Root Canal Anterior and Bicuspid	100%
Molar Root Canal Anterior and Bicuspid	60%*
Restorations	
Fillings	100%
Stainless Steel Crowns	100%
Acrylic Temp. Crowns	60%*
Periodontics	
Scaling/root planning	100%
Gingivectomy	100%
Osseous Surgery	60%*
**Oral Surgery	
Extractions	100%
Incision/drainage	100%
Removal Impacted Teeth	60%*
Restoration and Prosthodontics	
Inlays and Onlays	60%*
Crowns (freestanding)	60%*
Bridge and crown repairs	60%*
Dentures	60%*
Denture Repairs	60%*
Bridges	60%*
False Teeth	60%*
Anesthesia	60%*
Space Maintainers	60%*
Orthodontia (child and adult)	50%*

*Associate out-of-pocket expense is based upon dentist's Usual & Prevailing fee (not a contract rate).

**Certain oral surgery procedures are covered under the Medical Choice Plus Plan. Refer to the "Covered Services" section of the Medical SPD.