

## 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)
<b>Annual Deductible</b> (waived for preventive)	\$25 person / \$75 family	\$50 person / \$150 family	\$50 family / \$150 family
<b>Annual Benefit Maximum</b>	\$1,500 per person	\$1,500 per person	\$1,000 per person
<b>Lifetime Orthodontia Maximum</b>	\$1,500 per person	\$1,500 per person	\$1,000 per person
<b>Preventive</b>			
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%
<b>Endodontics</b>			
Pulp Capping	80%	85%	50%
Root Canal Anterior and Bicuspid	80%	85%	50%
Molar Root Canal Anterior & Bicuspid	80%	85%	50%
<b>Restorations</b>			
Fillings	80%	85%	50%
Stainless Steel Crowns	80%	85%	50%
Acrylic Temp. Crowns	80%	85%	50%
<b>Periodontics Maintenance</b>			
Scaling/root planning (4 separate quads per year)	80%	85%	50%
Gingivectomy	80%	85%	50%
Osseous Surgery	80%	85%	50%
<b>**Oral Surgery</b>			
Extractions	80%	85%	50%
Incision/drainage	80%	85%	50%
Removal impacted teeth	80%	85%	50%
<b>Restoration and Prosthodontics</b>			
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%
<b>Anesthesia</b> is covered when medically necessary and in conjunction with covered services.	80%	85%	50%
<b>Space Maintainers</b>	80%	85%	50%
<b>Orthodontia</b>	50%	50%	50%

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>
<b>Annual Deductible</b> (waived for preventive)	No deductible applies. Coinsurance may apply.
<b>Annual Benefit Maximum</b>	Unlimited
<b>Lifetime Orthodontia Maximum (child and adult)</b>	Unlimited
<b>Preventive</b>	
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%
<b>Endodontics</b>	
Pulp Capping	100%
Root Canal Anterior and Bicuspid	100%
Molar Root Canal Anterior and Bicuspid	60%*
<b>Restorations</b>	
Fillings	100%
Stainless Steel Crowns	100%
Acrylic Temp. Crowns	60%*
<b>Periodontics</b>	
Scaling/root planning	100%
Gingivectomy	100%
Osseous Surgery	60%*
<b>**Oral Surgery</b>	
Extractions	100%
Incision/drainage	100%
Removal Impacted Teeth	60%*
<b>Restoration and Prosthodontics</b>	
Inlays and Onlays	60%*
Crowns (freestanding)	60%*
Bridge and crown repairs	60%*
Dentures	60%*
Denture Repairs	60%*
Bridges	60%*
False Teeth	60%*
<b>Anesthesia</b>	60%*
<b>Space Maintainers</b>	60%*
<b>Orthodontia (child and adult)</b>	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.**