



## Group PPO Dental

<b>Plan Specifications</b>	
<b>Dependent Children</b>	To Age 26
<b>Reasonable &amp; Customary (R&amp;C)</b>	Out-Network benefits are calculated by applying the coinsurance percentage to the dentist's charge, subject to the reasonable and customary limit, less the deductible.
<b>Benefit Category</b>	
<b>Type I: Diagnostic and Preventive Services</b>	
Periodic Oral Evaluation, Limited Oral Evaluation-problem focused, Comprehensive Oral Evaluation	2 in 12 Months
Prophylaxis (Cleanings)	2 in 12 Months Counted towards periodontal maintenance and full mouth debridements.
Fluoride Treatment	2 in 12 Months
Sealants	Covered to Age 13 limited to one per tooth per 36 months for non-restored first and second permanent molars.
Bitewing X-Rays	2 in 12 Months
Periapical X-Rays	Emergency or Episodic
Complete Series/ Panoramic X-Rays	Once every 36 consecutive months
Tests	Limited to Adjunctive Pre Diagnostic, HBA1c, and Pulp Vitality
Labs	Accession of Tissue and Laboratory Accession of Sample
<b>Type II: Basic Services</b>	
Space Maintainers	1 in 60 months under age 18. Includes all adjustments within 6 months of installation.
Anesthesia	General anesthesia is covered when medically or dentally necessary in conjunction with covered surgical dental services. Local anesthesia is included in the fee for procedure being performed.
Basic Restorative Services (Amalgam Fillings and Composites on Anterior Teeth Fillings)	1 per tooth surface in 12 months.
Basic Restorative Services (Composites Fillings on Posterior Teeth)	1 per tooth surface in 12 months.
Simple Extractions	Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services.
Surgical Extractions and Removal of Impacted Teeth	Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services.
Oral Surgery	Limited to 1 unique site in 36 months
Endodontics	Root Canal - 1 per tooth per Lifetime
Periodontal Maintenance	Only where periodontal treatment has been performed, limited to 4 times in every 12 months less the number of teeth cleanings and debridements received during such benefit period.
Non-Surgical Periodontal (Full Mouth Debridement)	When Dentally Necessary to enable comprehensive evaluation and diagnosis. Counted towards periodontal maintenance and teeth cleanings.
Non-Surgical Periodontal (Scaling and Root Planing)	1 per quadrant per 24 consecutive months
Non-Surgical Periodontal (Administration of antibiotic to clear infectious bacteria from areas)	1 per quadrant per 24 consecutive months
Surgical Periodontal	1 per quadrant per 24 consecutive months
<b>Type III: Major Services</b>	
Inlays/Onlays/Crowns	1 replacement per tooth in 60 Months
Dentures	1 replacement in 60 Months
Bridges	1 replacement in 60 Months
Implants	1 per tooth per lifetime



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Adjustments to Dentures	After 6 months of installation if by same dentist who performed the installation.
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Dental ID cards are not needed in order to receive treatment from a dentist, but can help to simplify our members' office experience so we encourage that members have them available when visiting a dentist.