

High Dental PPO Summary of Benefits Effective 1/1/2023

	NON ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT OF NETWORK	NETWORK	OUT OF NETWORK
<b>Individual Annual Calendar Year Deductible</b>	\$50	\$100	\$0	\$0
<b>Family Annual Calendar Year Deductible</b>	\$100	\$200	\$0	\$0
<b>Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)</b>	\$6000 per person per Calendar Year	\$6000 per person per Calendar Year	\$2000 per person per Lifetime	\$2000 per person per Lifetime
<b>Annual deductible applies to preventive and diagnostic services</b>	No (In Network)		No (Out-of-Network)	
<b>Maximum Carryover</b>	No			
<b>Orthodontic eligibility requirement</b>	Adults and Children			
COVERED SERVICES	NETWORK PLAN PAYS*	OUT OF NETWORK PLAN PAYS**	BENEFIT GUIDELINES	
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b>				
<b>Periodic Oral Evaluation</b>	100%	100%	Oral examinations submitted as a consultation or evaluation are payable twice in any Benefit Year	
<b>Routine Radiographs</b>	100%	100%	Bitewing X-rays are payable once in any benefit year	
<b>Non-Routine - Complete Series Radiographs</b>	100%	100%	Payable once in any 3 year period	
<b>Prophylaxis (Cleanings)</b>	100%	100%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year	
<b>Fluoride Treatment</b>	100%	100%	Topical fluoride treatments are payable once in a benefit year for Children under age 18	
<b>Sealants</b>	100%	100%	Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 19. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period	
<b>Space Maintainers</b>	100%	100%	Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 19	
<b>Palliative Treatment</b>	100%	100%	Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams.	
<b>BASIC SERVICES</b>				
<b>Restorations (Amalgam or Composite)</b>	90%	75%	Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface	
<b>Simple Extractions</b>	90%	75%		
<b>Oral Surgery (includes surgical extractions)</b>	90%	75%		
<b>Periodontics - Surgical</b>	90%	75%	Periodontal surgery is payable once per area in any 3 year period	
<b>Periodontics - Non Surgical</b>	90%	75%	Scaling and root planing are payable once per area in any 24 month period  Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year	
<b>Endodontics</b>	90%	75%	Endodontic therapy, endodontic retreatment, and apicoectomy /periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services	
<b>Anesthetics</b>	90%	75%	If clinically necessary.	
<b>Adjunctive Services</b>	90%	75%		
<b>MAJOR SERVICES</b>				
<b>Inlays/Onlays/Crowns/Implants</b>	60%	45%	Indirect restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period	
<b>Dentures and other Removable Prosthetics</b>	60%	45%	One complete upper and one complete lower denture is payable once in any 5 year period for any individual. A partial denture, fixed bridge and any associated services are payable once in any 5 year period	
<b>Fixed Partial Dentures (Bridges)</b>	60%	45%		
<b>ORTHODONTIC SERVICES</b>				
<b>Diagnose or correct misalignment of the teeth or bite</b>	50%	50%		

\*The network percentage of benefits is based on the discounted fees negotiated with the provider.

\*\*Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.