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

	NON ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT OF NETWORK	NETWORK	OUT OF NETWORK
Individual Annual Calendar Year Deductible	$0	$50	$0	$0
Family Annual Calendar Year Deductible	$0	$150	$0	$0
Maximum *(the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)*	$1000 per person per Calendar Year	$750 per person per Calendar Year	$1000 per person per Lifetime	$1000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network)	No (Out-of-Network)
Maximum Carryover	Yes	
Orthodontic eligibility requirement	Adults and Children	

COVERED SERVICES	NETWORK PLAN PAYS*	OUT OF NETWORK PLAN PAYS**	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	85%	70%	Oral examinations submitted as a consultation or evaluation are payable twice in any benefit year
Routine Radiographs	85%	70%	Bitewing X-rays are payable once in any benefit year
Non-Routine - Complete Series Radiographs	85%	70%	Payable once in any 5 year period
Prophylaxis (Cleanings)	85%	70%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year
Fluoride Treatment	85%	70%	Topical fluoride treatments are payable once in a benefit year for Children under age 16
BASIC SERVICES			
Sealants	60%	40%	Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 16. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period
Space Maintainers	60%	40%	Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 16
Palliative Treatment	60%	40%	Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams.
Restorations (Amalgam or Composite)	60%	40%	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
Simple Extractions	60%	40%	
Periodontics - Non Surgical - Perio Maintenance	60%	40%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year
Adjunctive Services	60%	40%	
MAJOR SERVICES			
Oral Surgery (includes surgical extractions)	40%	25%	
Periodontics - Surgical	40%	25%	Periodontal surgery is payable once per area in any 3 year period
Periodontics - Non Surgical - All Other	40%	25%	Scaling and root planing are payable once per area in any 24 month period
Endodontics	40%	25%	Endodontic therapy, endodontic retreatment, and apicoectomy /periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services
Anesthetics	40%	25%	If clinically necessary.
Inlays/Onlays/Crowns/Implants	40%	25%	Indirect restorations (including crowns and onlays) and associated procedures such as cores and post core substructures on the same tooth are payable once in any 5 year period
Dentures and other Removable Prosthetics	40%	25%	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
Fixed Partial Dentures (Bridges)	40%	25%	
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	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 participating provider contracted fees.