

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.