

Individual Dental PPO

Individual DPPO – Rich Benefit (With and without Orthodontia)

Coverage Type	In-Network Coverage % of Negotiated Charges	Out-of-Network Coverage % of MAC or 70% R&C Charges
Diagnostic & Preventive	100%	80%
Basic Restorative	80%	60%
Major Restorative	50%	50%
Orthodontia	50%	50%
Deductible: Per Individual	\$50 Applies to Basic & Major services only	\$150 Applies to all services
Deductible: Per Family	Max 3x/Family (\$150) Applies to Basic & Major services only	Max 3x/Family (\$450) Applies to all services
Annual Maximum Benefits: Per Individual	\$1250	
Orthodontia Lifetime Maximum: Per Individual	\$1000	
	Ortho applies to Child Only up to Dependent Age Limit of 26	

Individual DPPO – Lean Benefit (With and without Orthodontia)

Coverage Type	In-Network Coverage % of Negotiated Charges	Out-of-Network Coverage % of MAC or 70% R&C Charges
Diagnostic & Preventive	100%	80%
Basic Restorative	80%	60%
Major Restorative	50%	50%
Orthodontia	50%	50%
Deductible: Per Individual	\$25 Applies to Basic & Major services only	\$25 Applies to all services except Orthodontia
Deductible: Per Family	Max 3x/Family (\$75) Applies to Basic & Major services only	Max 3x/Family (\$75) Applies to all services except Orthodontia
Annual Maximum Benefits: Per Individual	\$500	
Orthodontia Lifetime Maximum: Per Individual	\$500	
	Ortho applies to Child Only up to Dependent Age Limit of 26	

Individual DPPO Rich Benefit – Covered Services and Frequency Limitations

Diagnostic & Preventive	How Many / How Often
<ul style="list-style-type: none"> • Prophylaxis – Cleanings • Oral Examinations • Bitewing X-Rays • Full Mouth X-Rays • Topical Fluoride Applications • Emergency Palliative Treatment 	<ul style="list-style-type: none"> • 2 in 12 months. • 2 in 12 months. • 1 in 12 months. • 1 in 36 months. • 1 in 12 months.
Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> • Amalgam & Composite Fillings 	
Major Restorative	How Many / How Often
<ul style="list-style-type: none"> • Endodontics – Root Canal • Prefabricated Stainless Steel & Resin Crowns • Repairs • Periodontal Surgery • Periodontal Scaling & Root Planing • Periodontal Maintenance • Implants • Bridges • Dentures • Crowns/Inlays/Onlays 	<ul style="list-style-type: none"> • 1 per tooth in 24 months. • 1 per tooth in 24 months. • • 1 per tooth in 12 months. • 1 per tooth in 36 months. • 1 per tooth in 24 months. • 2 in 1 year, includes 2 cleanings. • Services: 1 per tooth in 60 months. Repairs: 1 per tooth in 12 months. • 1 per tooth in 5 years. • 1 per tooth in 5 years. • 1 per tooth in 60 months.
Orthodontia	
<p>Dependent children are covered until the end of the month of their 26th birthday.</p> <ul style="list-style-type: none"> • \$100 Deductible • \$500 Annual Maximum Benefit per Individual • \$1000 Lifetime Maximum Benefit per Individual • All procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits, and procedures performed in connection with the orthodontic treatment are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount. • Orthodontic benefits end at cancellation of coverage. 	
Waiting Periods	
<ul style="list-style-type: none"> • No waiting period for cleanings, exams and X-rays. • 6-month waiting period for Basic Services. • 12-month waiting period for Major Services and Orthodontia. 	

Individual DPPO Lean Benefit – Covered Services and Frequency Limitations

Diagnostic & Preventive	How Many / How Often
<ul style="list-style-type: none"> • Prophylaxis – Cleanings • Oral Examinations • Bitewing X-Rays • Full Mouth X-Rays 	<ul style="list-style-type: none"> • 2 in 12 months. • 2 in 12 months. • 1 in 12 months. • 1 in 36 months.
Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> • Amalgam & Composite Fillings 	
Major Restorative	How Many / How Often
<ul style="list-style-type: none"> • Endodontics – Root Canal • Crowns 	<ul style="list-style-type: none"> • 1 per tooth in 24 months. Limited to pulpotomies on primary teeth only. • 1 per tooth in 24 months. Limited to stainless steel crowns on primary teeth only.
Orthodontia	
<p>Dependent children are covered until the end of the month of their 26th birthday.</p> <ul style="list-style-type: none"> • \$50 Deductible • \$250 Annual Maximum Benefit per Individual • \$500 Lifetime Maximum Benefit per Individual • All procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits, and procedures performed in connection with the orthodontic treatment are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount. • Orthodontic benefits end at cancellation of coverage. 	
Waiting Periods	
<ul style="list-style-type: none"> • No waiting period for cleanings, exams and X-rays. • 6-month waiting period for Basic Services. • 12-month waiting period for Major Services and Orthodontia. 	