



Dental Benefits Summary

	<u>Passive PDN</u> <u>With PDNII Network</u>
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$1,250
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	\$1,000

*The deductible applies to: Basic & Major services only

Partial List of Services	<u>Passive PDN</u> <u>With PDNII Network</u>
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Scaling and root planing (a)	80%
Gingivectomy*	80%
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
General anesthesia/intravenous sedation*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Major	
Inlays	50%
Onlays	50%
Crowns	50%
Crown lengthening	50%
Full & partial dentures	50%
Pontics	50%
Root canal therapy, molar teeth	50%
Osseous surgery (a)*	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%
Denture repairs	50%
Crown Build-Ups	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
 (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

Dental-High Plan	Bi-Weekly
Employee Only	\$12.31
Employee + 1 Dep.	\$24.36
Employee & Family	\$41.04