



Dental Benefits Summary

	<u>Passive PDN With PDNII Network</u>
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	100%
Major Services	Not Covered
Annual Benefit Maximum	\$1,250
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	Not Included
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	
*The deductible applies to: Basic & Major services only	

Partial List of Services	<u>Passive PDN 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	100%
Scaling and root planing (a)	100%
Gingivectomy*	100%
Amalgam (silver) fillings	100%
Composite fillings (anterior teeth only)	100%
Stainless steel crowns	100%
Incision and drainage of abscess*	100%
General anesthesia/intravenous sedation*	100%
Uncomplicated extractions	100%
Surgical removal of erupted tooth*	100%
Surgical removal of impacted tooth (soft tissue)*	100%
Major	
Inlays	Not Covered
Onlays	Not Covered
Crowns	Not Covered
Crown lengthening	Not Covered
Full & partial dentures	Not Covered
Pontics	Not Covered
Root canal therapy, molar teeth	Not Covered
Osseous surgery (a)*	Not Covered
Surgical removal of impacted tooth (partial bony/ full bony)*	Not Covered
Denture repairs	Not Covered
Crown Build-Ups	Not Covered
*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 - Low Plan	Bi-Weekly
Employee Only	\$ 8.10
Employee + 1 Dep.	\$15.88
Employee & Family	\$25.57