



BENEFITS-AT-A-GLANCE 2024

PPO DENTAL PLAN

	In-Network (PPO)	Out-of-Network (Non-PPO)
PPO Network	Anthem Blue Cross Dental PPO Network	Not Applicable (where used below, "RC" refers to the "Recognized Charges" allowances as defined in the Plan Document.
Calendar Year Deductible	\$50 per individual / \$150 per family (3 family members must meet \$50)	
Deductible is Waived For	Class A - Preventive Services, Class D - Orthodontia	Class A - Preventive Services, Class D - Orthodontia
Calendar Year Maximum	\$1,750 per covered person	
Class A - Preventive Services		
Routine Oral Exams (maximum of 2 per year)	90% of contract amount	70% of RC amount
Cleaning & Scaling (maximum of 2 per year - once every 6 months)	90% of contract amount	70% of RC amount
Bitewing X-Rays (1 series per year)	90% of contract amount	70% of RC amount
Full Mouth (Panorex) X-Rays (1 every 36 months)	90% of contract amount	70% of RC amount
Extra-oral X-Rays (2 films per year)	90% of contract amount	70% of RC amount
Diagnostic Cast (1 per 24 month period)	90% of contract amount	70% of RC amount
Fluoride Treatment for Children < 16 (maximum of 2 per year)	90% of contract amount	70% of RC amount
Sealants for Children < 16 (1 per 1st or 2nd permanent molar, every 5 years)	90% of contract amount	70% of RC amount
Class B- Basic Services		
Fillings - Amalgam - Resin Composite - Gold	90% of contract amount 90% of contract amount 90% of Resin Composite contract amount	70% of RC amount
Space Maintainers for Children < 16 (once lifetime to replace primary teeth)	90% of contract amount	70% of RC amount
Endodontics - Root Canal (once per site)	90% of contract amount	70% of RC amount
Root Planing per Quadrant (once / 24 months)	90% of contract amount	70% of RC amount
Periodontal Surgery (once / site every 36 months)	90% of contract amount	70% of RC amount
Osseous Grafts (once every 36 months per quadrant or site)	90% of contract amount	70% of RC amount
Full Mouth Debridement (once every 36 months)	90% of contract amount	70% of RC amount
Oral Surgery	90% of contract amount	70% of RC amount
Extractions	90% of contract amount	70% of RC amount
Emergency Palliative Treatment	90% of contract amount	70% of RC amount
General Anesthesia (when required for children < age 6)	90% of contract amount	70% of RC amount
Class C- Major Services		
Inlays & Onlays (once every 5 years)	90% of contract amount	70% of RC amount
Installation of Crowns (once every 5 years)	90% of contract amount	70% of RC amount
Dentures - Full or Partial	90% of contract amount	70% of RC amount
Repair of Crowns, Bridges & Dentures	90% of contract amount	70% of RC amount
Occlusal Guards (once every 5 years)	90% of contract amount	70% of RC amount
Installation of Fixed Bridgework	90% of contract amount	70% of RC amount
Recementing Bridges, Crowns or Inlays	90% of contract amount	70% of RC amount
Dental Implants (\$250 max per CY)	90% of contract amount	70% of RC amount
Class D- Orthodontia		
Initial Exam	\$50 copay	\$50 copay
Lifetime Maximum	The Plan will pay up to \$3,000 per covered person (after any applicable copays)	
Copays		
● Per Adult		\$2,400
● Per Child		\$2,400

This is a summary of benefits only. Actual Plan provisions and benefits are governed by the formal Plan Document.