



Dental Benefit Summary

	<u>DMO</u>	<u>Passive PPO</u>
Annual Deductible*		
Individual	None	\$100
Family	None	None
Preventive Service Covered Percent	100%	80%
Basic Service Covered Percent	100%	50%
Major Service Covered Percent	60%	50%
Annual Benefit Maximum	None	\$1,500
Office Visit Copay	\$0	N/A
Orthodontic Services**	50%	Not Covered
Orthodontic Deductible	None	Not Covered
Orthodontic Lifetime Maximum	None	Not Covered
*The deductible applies to: Basic & Major services only		
**DMO Orthodontia is covered only for children (appliance must be placed prior to age 20)		

Partial List of Plan Provisions	<u>DMO</u>	<u>Passive PPO</u>
Preventive		
Oral examinations (a)	100%	80%
Cleanings, including scaling and polishing (a) Adult/Child	100%	80%
Fluoride (a)	100%	80%
Sealants (permanent molars only) (a)	100%	Not Covered
Bitewing X-rays (a)	100%	80%
Full mouth series X-rays (a)	100%	80%
Basic		
Root canal therapy, with X-rays and cultures		
Anterior teeth / Bicuspid teeth	100%	50%
Amalgam (silver) fillings	100%	50%
Composite fillings (anterior teeth only)	100%	50%
Stainless steel crowns	100%	50%
Scaling and root planing (a)	100%	50%
Gingivectomy	100%	50%
Incision and drainage of abscess	100%	50%
Uncomplicated extractions	100%	50%
Surgical removal of erupted tooth	100%	50%
Surgical removal of impacted tooth (soft tissue)	100%	50%
Root canal therapy, molar teeth, with X-rays and cultures	See Below	50%
Osseous surgery (a)	See Below	50%
Surgical removal of impacted tooth (partial bony/ full bony)	See Below	50%
General anesthesia/intravenous sedation	See Below	50%
Space Maintainers	See Below	50%
Denture repairs	See Below	50%
Major		
Root canal therapy, molar teeth, with X-rays and cultures	60%	See Above
Osseous surgery (a)	60%	See Above
Surgical removal of impacted tooth (partial bony/ full bony)	60%	See Above
General anesthesia/intravenous sedation	60%	See Above
Inlays	60%	50%
Onlays	60%	50%
Crowns	60%	50%
Full & partial dentures	60%	50%
Denture repairs	60%	See Above
Pontics	60%	50%
Space Maintainers	60%	See Above
<i>(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.</i>		