

CHOICE

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Basic PPO Dental Plan

General Information	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	\$25/person In-Network (waived for diagnostic and preventive services)	\$50/person Out-of-Network (waived for diagnostic and preventive services)
Calendar Year Maximum	\$1,250	\$1,250
Orthodontia	Not Covered	Not Covered
Covered Services:		
Diagnostic and Preventive (i.e., oral exams, cleanings, X-rays, topical fluoride treatments)	100%; no deductible	90%; no deductible
Basic (i.e., fillings, oral surgery, periodontal scaling, root planning)	80% after deductible	70% after deductible
Major (i.e., crowns, dentures, bridgework)	50% after deductible	40% after deductible

IMPLANT COVERAGE FOR PPO PLANS

ADA Codes	Procedure	In-Network	Out-of-Network
IMPLANT SERVICES			
D6010	SURG PLCMT IMPLANT BODY: ENDOSTEA	50%	40%
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT	50%	40%
D6040	EPOSTEALIMPLANT	50%	40%
D6050		50%	40%
D6053	OVER DENTURE - COMPLETE	50%	40%
D6054	OVER DENTURE - PARTIAL	50%	40%
D6055	IMPLANT CONNECTING BAR	50%	40%
D6056 / D6057	IMPLANT ABUTMENT	50%	40%
D6058 / D6067	IMPLANT CROWN	50% 1 per 5 years	40% 1 per 5 years
D6068 / D6077	IMPLANT RETAINER	50% 1 per 5 years	40% 1 per 5 years
D6078	IMPLANT SUPPORTED FULL DENTURE	50% 1 per 5 years	40% 1 per 5 years
D6079	IMPLANT SUPPORTED PARTIAL	50% 1 per 5 years	40% 1 per 5 years
D6080	IMPLANT MAINTENANCE PROCEDURES	50%	40%
D6090	REPAIR IMPLANT PROSTHESIS	50% Limited to 1 per 2 year period only if done more than 1 year after initial insertion.	40% Limited to 1 per 2 year period only if done more than 1 year after initial insertion.
D6091	REPLACEMENT OF SEMI- PRECISION/ATTACHMENT	50%	40%
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	80%	70%
D6093	RECEMENT IMPLANT/ABUTMENT	80%	70%
D6094	ABUTMENT SUPPORT CROWN	50%	40%
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	50%	40%
D6100	IMPLANT REMOVAL, BY REPORT	50%	40%
D6190	RADIOGRAPHIC/SURGICAL IMPLANT	50%	40%
D6194	ABUTMENT SUPPORT RETAINER	50%	40%
D6199	UNSPECIFIED IMPLANT PROCEDURE	50%	40%
D7950	OSS OSTEOPERIOSTL CART GFT MAN	50%	40%
D7951	SINUS AUGMENTATION W/ BONE	50%	40%
D7953	BONE REPLACEMENT GRAFT RIDGE PRES	50%	40%

For PPO Plans

When using an out-of-network provider, benefits are payable based on the Participating Dentist's Fee Schedule.