

CHOICE

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Enhanced 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 | \$2,000 | \$2,000 |
| 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 |
| Orthodontia | 50% after deductible | 40% after deductible |
| Interceptive Orthodontics Treatment | Maximum Reimbursement \$1,600 child/\$1,800 adult | |
| Comprehensive Orthodontic Treatment - Child / Adult | Maximum Reimbursement \$1,600 child/\$1,800 adult | |
| Pre-Orthodontic Treatment Visit | Covered in full | |
| Retention | 50% | 40% |
| Treatment Plan | \$100 | |

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.