



Dental Benefits Summary

	<u>Passive PDN</u> <u>With PDNII Network</u>
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	90%
Major Services	60%
Annual Benefit Maximum	\$1,000
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	\$1,000

*The deductible applies to: Basic & Major services only

Partial List of Services	<u>Passive PDN</u> <u>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	90%
Root canal therapy, molar teeth	90%
Scaling and root planing (a)	90%
Gingivectomy (a)*	90%
Amalgam (silver) fillings	90%
Composite fillings (anterior teeth only)	90%
Stainless steel crowns	90%
Incision and drainage of abscess*	90%
Uncomplicated extractions	90%
Surgical removal of erupted tooth*	90%
Surgical removal of impacted tooth (soft tissue)*	90%
Osseous surgery (a)*	90%
Surgical removal of impacted tooth (partial bony/ full bony)*	90%
General anesthesia/intravenous sedation*	90%
Crown Lengthening	90%
Major	
Inlays	60%
Onlays	60%
Crowns	60%
Full & partial dentures	60%
Pontics	60%
Denture repairs	60%
Crown Build-Ups	60%
Implants	60%

*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.

Other Important Information