

# Group Benefit Page

**Name of Group:** Superior Officers Council - Buy Up

**Group Number:** 64096

**Plan Effective Date:** July 1, 2018

**Benefit Period:** Calendar Year

**Plan Description -** Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Dentcare. Using an in-network PPO provider may eliminate or reduce the member's out-of-pocket expense.

## Payments by the plan are subject to the following terms

**Category I** Diagnostic Services 100 % of the maximum allowable amount.  
Preventive Services

**Category II** Basic Restorative Services 100 % of the maximum allowable amount.  
Endodontic Services  
Periodontal Services  
Oral Surgery Services  
Prosthetic Repair/Reline Services

**Category III** Major Restorative Services 100 % of the maximum allowable amount.  
Prosthetic Services

**Category IV** Orthodontic Services 80 % of the maximum allowable amount.

**Individual/Family Deductible:** N/A

**Individual Maximum (Category I, II, III):** \$3,000.00\* per benefit period

**Family Maximum (Category I, II, III):** N/A

**Orthodontic Maximum (Category IV):** \$2,050.00 per lifetime

*\*Individual annual maximum does not apply to dependent children up to their 19th birthday.*

**Dependent Eligibility -** Dependent children are covered through the end of the month of their 23rd birthday.

**Orthodontics -** Coverage includes initial banding and up to 24 monthly adjustments for dependent children through age 19. Member copayments will apply and may vary based on the provider seen at the time of care.

**Note:** Due to certain Exclusions and/or Limitations, all member copayments may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at [healthplex.com](http://healthplex.com). All benefits are governed by the provisions of your group's contract.

The *Schedule of Benefits* on the reverse side contains a partial listing of the most frequently utilized services covered under this plan. Frequencies and limitations apply.

Services	In-Network PPO Copayments	Out-of-Network Reimbursement
<b>Diagnostic &amp; Preventive</b>		
Periodic Oral Examination	No Charge	\$22.00
X-Rays, Complete Series	No Charge	56.00
Periapical, First Film	No Charge	10.00
Bitewings, Four Films	No Charge	21.00
Prophylaxis, Adult/Child	No Charge	44.00/30.00
Fluoride Treatment	No Charge	31.00
Sealants, Per Tooth	No Charge	30.00
<b>Basic Restorative</b>		
Amalgam, 1/2 Surfaces	No Charge	\$45.00/60.00
Amalgam, 3/4+ Surfaces	No Charge	75.00/85.00
Composite, 1 Surface - Anterior/Posterior	No Charge	50.00/75.00
Composite, 2 Surfaces - Anterior/Posterior	No Charge	70.00/110.00
Composite, 3 Surfaces - Anterior/Posterior	No Charge	88.00/148.00
Composite, 4+ Surfaces - Anterior/Posterior	No Charge	95.00/155.00
Labial Veneer (Resin Laminate) Direct/Indirect	No Charge	125.00
Veneer Repair - Material Failure	No Charge	135.00
Provisional Splint Intra/Extra coronal	No Charge	252.60/195.00
Enamel Microabrasion	No Charge	75.00
Odontoplasty, Per tooth	No Charge	60.00
External Bleaching, Per arch - performed in office	No Charge	330.00
<b>Endodontics</b>		
Root Canal Therapy, Anterior/Bicuspid/ Molar	No Charge	\$350.00/425.00/500.00
Apicoectomy, Anterior	No Charge	210.00
<b>Periodontics</b>		
Gingivectomy, Per Quad	No Charge	\$180.00
Osseous Surgery, Per Quad	No Charge	460.00
Scaling & Root Planing, Per Quad	No Charge	90.00
Periodontal Maintenance	No Charge	72.50
<b>Oral Surgery</b>		
Routine/Surgical Extraction	No Charge	\$66.00/110.00
Soft Tissue Impaction	No Charge	155.00
Partial/Full Bony Impaction	No Charge	188.00/240.00
<b>Major Restorative</b>		
Porcelain with High Noble Metal Crown	No Charge	\$595.00
Full Cast High Noble Metal Crown	No Charge	525.00
Re-cement Crown	No Charge	38.00
Post and Core, Cast/Prefabricated	No Charge	165.00/105.00
<b>Prosthetics- Removable/Fixed Bridges</b>		
Complete Upper/Lower Denture	No Charge	\$650.00
Partial Upper/Lower Denture, Cast Base	No Charge	695.00
Porcelain with High Noble Metal Pontic/Abutment	No Charge	595.00
Full Cast High Noble Metal Abutment	No Charge	525.00
Re-cement Bridge	No Charge	62.00
<b>Prosthetic Repairs/Relines</b>		
Repair Complete Denture Broken Base	No Charge	\$65.00
Repair Partial Denture Base/Framework	No Charge	65.00/100.00
Replace Broken Tooth	No Charge	55.00
Add Tooth to Existing Partial Denture	No Charge	55.00
Reline Complete Upper/Lower Denture - Direct	No Charge	135.00
Reline Complete Upper/Lower Denture - Indirect	No Charge	150.00/200.00
<b>Orthodontics</b>		
Initial Banding and up to 24 Periodic Visits	20%	\$2,050.00

**In-Network PPO Copayments**

You may select any dentist from the PPO20 Directory of Participating Providers. Some services are rendered without any cost while others may have a minimal copayment you pay directly to the dentist.

Member copayments will vary based on the location of the provider seen at the time of care.

**Out-of-Network Reimbursement**

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

**Dental Implant Benefit\*\***

This plan includes a reduced rate for covered implant services. Patient is responsible for 100% of these reduced rates. This added benefit only applies to services received from in-network PPO Providers. There is no out-of-network benefit.

**Treatment Options/Materials**

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable, professional result. Please speak with your dentist regarding the options covered under your dental plan.

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