

Dental Coverage Chart

Procedure Type	In-Network	Out-of-Network
Part I Oral Surgery, Periodontics, Endodontics, X-rays for Covered surgical procedures, General Anesthesia	100% of PDP Schedule	100% of R&C
Part II Oral Exams, Cleanings, Fluoride Treatments, Space Maintainers	100% of PDP Schedule	100% of R&C
Part III X-rays, Amalgam Fillings, Silicate Fillings, Acrylic Fillings, Repair or Recementing of Crowns, Inlays, Onlays, Bridgework or Dentures	100% of PDP Schedule	90% of R&C
Part IV Gold Foil, Gold Inlays, Crowns, Installation of Bridges or Dentures	90% of PDP Schedule	55% of R&C
Part V Orthodontics	50% of PDP Schedule	50% of R&C
Deductible	None	
Calendar Year Maximum (Applies only to Parts III and IV)	\$1,750 Calendar Year Maximum	
Orthodontic Lifetime Maximum	\$1,500	