

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2015 under the dental options. Costs represent what the member pays.

COVERED SERVICES	ASSURANT PREPAID OPTION		DELTA PDO OPTION	
	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None		None	\$100 single; \$300 family, per policy year ^[5]
Annual Maximum Benefit	None		\$1,500 per person, per policy year	
Pre-existing Conditions	Covered		Some exclusions	
Office Visit	\$10 copay ^[3]		No charge	20% of MAC
Periodic Oral Evaluation	No charge		No charge	20% of MAC
Routine Cleaning	No charge		No charge	20% of MAC
X-ray — Intraoral, Complete Series	No charge	\$5 copay	20% of MAC	40% of MAC
Amalgam (silver) Filling — 2 Surfaces Permanent	\$8 copay	\$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	\$250 copay	\$600 copay	50% of MAC	
Major Restorations — Crowns (porcelain fused to high noble metal)	\$275 copay, plus lab fees ^[1]		50% of MAC ^[4]	
Extraction of Erupted Tooth (minor oral surgery)	\$15 copay	\$70 copay	20% of MAC	40% of MAC
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	\$100 copay	\$120 copay	50% of MAC	
Dentures — Complete Upper	\$310 copay, plus lab fees ^[1]		50% of MAC ^[4]	
Orthodontics	25% off participating orthodontist's usual fees		50% of MAC ^[4]	
• Annual Deductible	None		None	
• Lifetime Maximum	None		\$1,250 ^[2]	
• Waiting Period	None		12 months	
• Age Limit	None		Up to age 19	

MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist)

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Members are responsible for additional lab fees for these services.

[2] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[3] A charge of \$20 may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[4] A 12-month waiting period applies.

[5] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.