



Benefits & Coverage Matrix

This Matrix is intended to be used to help you compare covered benefits and is a summary only. The Benefit description section of the Evidence of Coverage Booklet should be consulted for a detailed description of covered benefits and limitations

Benefits	Services	Cost to Member
Diagnostic & Preventive Care	Initial & periodic oral examinations, Consultations - including Specialist, Topical fluoride treatment, Preventive dental education & oral hygiene instructions, Xrays, Prophylaxis (cleaning) and Sealants	No Charge
Restorative Dentistry (Fillings)	Amalgam & composite resin (anterior teeth) and sedative filling	No Charge
Oral Surgery	Extractions, including surgical, removal of impacted teeth, biopsy of oral tissues and post operative services including exams, suture removal and treatment of complications.	No charge, except a \$15 copayment for the removal of completely bony impacted teeth with unusual surgical complications.
Endodontic	Pulp capping and pulpotomy, root canal therapy and retreatment of previous root canal therapy.	No charge, except a \$20 copayment per canal, for root canal therapy or retreatment of previous root canal therapy.



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Periodontics	Periodontal scaling and root planning, and subgingival curettage, gingivectomy, and osseous surgery.	No Charge, except a \$150 copayment per quadrant for osseous surgery and \$5 copayment for gingivectomy procedure involving 1-3 teeth.
Crown & Fixed Bridge	Crowns, including those made resin, porcelain, porcelain with metal, full cast base metal.	\$50 copayment for crowns and each unit of bridge. The copayment for any precious (noble) metals used in any crown or bridge will be a maximum of \$75 per unit and a \$75 per unit for porcelain restorations on molars.
Removable Prosthetics	Complete and partial dentures, office or laboratory relines, denture repairs, denture adjustment, tissue conditioning.	\$65 copayment for complete and partial dentures. Relines no copay (chairside) to \$15 for laboratory. Repairs and adjustments no copay.
Dental Implants	Includes a device specifically designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement.	Please refer to the Schedule of Benefits for copayments applicable to Implant Services. Please note that there are no annual or lifetime maximums applicable to Dental Implant Services.



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Orthodontic Services	24 months standard, comprehensive orthodontic treatment (for children and adults), Orthodontic retention, Orthodontic visits beyond 24 months of active treatment.	There is a \$1,000 copayment for 24 months of active orthodontic treatment. In addition, there is a \$25 visit copayment for visits in excess of the initial 24 months of treatment. Start up fees of \$250 are in addition to the orthodontic copayment.
Providers	Participants must use a network provider to receive covered services. This means a private contracted provider or a Western Dental Center. Each member of the family may select their own network provider. Limit of 3 providers per family.	
Deductibles	No deductibles will be charged for covered benefits under this program	
Lifetime Maximum	No Lifetime maximum limits on benefits apply under this program..	

Benefits are provided if the Plan determines them to be medically necessary