

DENTAL BENEFIT HIGHLIGHTS

Dental PPO Basic Flex

	DENTAL PPO BASIC FLEX PAYS	
	FLEX PLUS PLAN	FLEX BASIC PLAN
Diagnostic & Preventive Services Diagnostic and Preventive Services — includes exams, cleanings, fluoride, and space maintainers Emergency Palliative Treatment — to temporarily relieve pain Brush Biopsy — to detect oral cancer Bitewing Radiographs — bitewing X-rays Sealants — to prevent decay of permanent teeth Normal	100%/100%	100%/100%
Basic Services All Other Radiographs — other X-rays Other Basic Services — misc. services Periodontic Services — to treat gum disease Minor Restorative Services — fillings Endodontic Services — root canals Oral Surgery Services — extractions and dental surgery	100%/100%	80%/80%
Major Services Major Restorative Services — crowns and veneers Relines and Repairs — to bridges and dentures Prosthodontic Services — bridges and dentures TMD — treatment of temporomandibular joint dysfunction	60%/60%	50%/50%
Orthodontics Orthodontic Services — braces (up to age 19)	50%/50%	50%/50%
ADDITIONAL PLAN INFORMATION		
Allowed Amounts — in-network and out-of-network providers	PPO Fee	90th Percentile
Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except orthodontic services. Includes maximum rollover.	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$2,000	\$2,000
Calendar Year Deductible — per person/per family. Does not apply to any Diagnostic & Preventive Services	\$50/\$150	\$50/\$150
TMD Maximum Payment — per person, per lifetime Does not apply to any Diagnostic & Preventive Services	\$0	\$0

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ADDITIONAL DENTAL INFORMATION

Waiting Period: None

Maximum Payment: Per person total per Calendar Year on Diagnostic & Preventive, Basic and Major Services. Plan payment will not exceed the higher amount shown in any benefit period or lifetime.

Maximum Rollover: If at least one covered service is paid in a Calendar Year and the total benefit paid does not exceed \$1,000 in that calendar year, \$500 will be added to the next Calendar Year carryover maximum. This amount will accumulate from one Calendar Year to the next, but will not exceed \$2,000.

Deductible: Per person total per Calendar Year limited to a maximum family deductible per Calendar Year. Does not apply to any Diagnostic & Preventive Services

The Plan Specifications Are Subject To The Following Exclusions And Limitations: No pre-existing condition exclusions or limitations. Oral Exams are payable once any 6 month period. Prophylaxes are payable once any 6 month period. Fluoride treatments are payable twice any Benefit Year up to age 17. People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. Bitewing Radiographs are payable twice any Benefit Year and Full Mouth Radiographs are payable once any 3 year period up to age 15. The surface must be free from decay and restorations. Space Maintainers are payable once a lifetime up to age 15. Crowns, Inlays, Veneers, Bridgework and Dentures are payable once any 5 year period. Implants and related services are not covered.