

EFFECTIVE PLAN YEAR 01/01/2024		
GROUP NAME - DENTAL St. Peter's Basic Plan		
Group # 70040		
Verification of Benefits over the phone or via facsimile is not a guarantee of payment. Claims payment will be determined when the claim is received, and processed according to the provisions of the plan and eligibility status of the member.		
Customer Service Contact Information	Phone: 800-640-7005	<a href="http://www.achonline.com">www.achonline.com</a>
Dental Services	Plan Year Maximum	
Plan Year Maximum Benefit (Class B & C)	1,000.00	
Lifetime Maximum for Orthodontia (Class D)	No orthodontia coverage	
	Deductible	Coinsurance *
Annual Deductible		
Individual	\$25.00 for major services only	
Family	N/A	
Orthodontia Lifetime Deductible	No orthodontia coverage	
<b>Class A Services: Preventative (Note: Preventive services do NOT apply to Plan Year Maximum)</b>		
Prophylaxis - 2 Times Per Calendar Year	N/A	80%
Exam - 2 Times Per Calendar Year	N/A	80%
Fluoride - Limited to children under the age of 19, and limited to one (1) application per individual child per calendar year.	N/A	80%
Bitewing - 2 Sets Per Calendar Year	N/A	80%
Sealants - Coverage limited to children under the age 16 and to application on the occlusal (biting) surface of a permanent posterior tooth.	N/A	80%
Full Mouth X-Rays - 1 Every 3 Plan years	N/A	80%
<b>Class B Services: Basic</b>		
Anesthesia (Local Anesthesia and General Anesthesia) when administered in connection with oral surgery	N/A	80%
Consultation - by a dental specialist upon referral by the patient's attending Dentist	N/A	80%
Endodontic Services - including root canal therapy (except for final restoration) pulpotomy, apicoectomy and retrograde filling	N/A	80%
Extraction - Removal of a tooth from the oral cavity.	N/A	80%
Filling - Non Precious: Amalgam, silicate, composite and plastic restorations but not including Gold Fillings. Coverage will also include pin retention when there is insufficient tooth structure to hold the filling.	N/A	80%
Harmful Habit Appliances	N/A	Not covered
Occlusal X-Rays	N/A	Not covered
Oral Surgery: Surgical and adjunctive treatment of disease, injury and defects of the oral cavity and associated structures.	N/A	80%
Palliatives: Emergency treatment for the relief of pain.	N/A	80%
Pathology - Biopsy and exam of oral Tissue; including microscopic exam.	N/A	80%
Periodontal - Treatment of the gums and tissues of the mouth, including procedures to stabilize periodontal involved teeth and occlusal adjustments when performed in connection with periosurgery.	N/A	80%
Periodontal Appliances - Periodontal Appliances, including appliances to stabilize periodontal involved teeth.	N/A	80%
Repairs - Necessary repairs to crowns, bridges, full and partial Dentures	N/A	80%
Space Maintainers - Fixed and removable appliances used to prevent abnormal movement of the teeth as a result of premature loss. The allowance for the appliance includes necessary adjustments within six (6) months after installation	N/A	80%
Study Models	N/A	80%
TMJ	N/A	80%
<b>Class C Services: Major</b>		
Crowns - stainless steel, gold, or composite crown restoration. Three month waiting period, however, is waived if the result of eating or chewing.	\$25.00	50%
Gold Restoration	\$25.00	50%
Inlays & Onlays	\$25.00	50%
Prosthetics - Initial installation of full or partial dentures for teeth which were extracted while the individual is covered under the plan. Call for additional benefits.	\$25.00	50%
<b>Class D Services: Orthodontia</b>		
Percent Payable After Payment of Calendar Year Deductible.	Not Covered	Not Covered
	Not Covered	Not Covered
Tooth must be extracted while covered under the plan, 5 year replacement		
No waiting period for eligibility except Major services. Waiting period for Major services is three months.		
Missing tooth clause does not apply		
Pre determination of benefits when charges exceed \$200.00		
Alternate Treatment - If alternate services or supplies may be used to treat a dental condition, covered dental expenses will be limited to those services and supplies that are appropriate for the treatment		<b>DENTAL CLAIMS ADDRESS:</b> AMERICA'S CHOICE HEALTHPLANS P.O. Box 240217 Apple Valley, MN 55124 EDI #20029
Revised Date 12/28/2023		