CHOICE ACCESS PPO

Choice Access PPO

Plan Type	Network	Dependent Age Limit	Extd. Coverage Age Limit	
PPO	Choice	26	26	L

Employee Only	\$	27.65			
Employee + One	\$	49.35			
Family	\$	78.10			

DEDUCTIBLES AND MAXIMUMS

	Annual Deductible ¹		Annual Maximum	Orthodontic Lifetime Maximum	
	Individual	Family	Individual	Individual	
In-Network			1,000		
Out-of-Network ²			1,000		

BENEFITS AND COVERED SERVICES

		T BUTUNOSCOROLOGICA	CONTRACTOR OF THE PARTY OF THE
Care Category	Description by illustration, not limitation	In- Network	Out-of- Network
Diagnostic	Oral examination, diagnostic casts.	100	100
X-Rays	Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays.	100	100
Preventive	Prophylaxis, fluoride applications, space maintainers.	100	100
Restorative ³	The treatment of tooth decay by the use of amalgam and/or composite restorations.	70	70
Restorative- Crowns ³	The use of gold, semiprecious, or nonprecious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations.		
Endodontics ³	The treatment of the diseases of the nerve of the tooth.		
Periodontics ³	The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable).		
Prosthetics - Removable ³	The replacement of missing teeth by the use of a removable appliance.		
Prosthetics - Adjustment ³	The repair or modification of existing removable and/or fixed appliances so that they can continue to be serviceable.	-	
Prosthetics - Fixed ³	The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth, which cannot otherwise be replaced with a removable appliance.		
Extractions ³	The extraction, either simple or surgical, of either a single tooth or multiple teeth, the shaping of bone bridges, the removal of a tooth end abscess, etc.	70	70
Bony Impactions³	The surgical removal of teeth partially or fully covered by bone. The straightening of teeth for dental health reasons.		
General Services³	All other adjunctive general services as coded in the American Dental Association (ADA) Current Dental Terminology, which are not included in the specific categories listed, that are covered services.		
Orthodontics	The straightening of teeth for dental health reasons.		
	Diagnostic X-Rays Preventive Restorative³ Restorative-Crowns³ Endodontics³ Periodontics³ Prosthetics - Removable³ Prosthetics - Adjustment³ Prosthetics - Fixed³ Extractions³ Bony Impactions³ General Services³	Diagnostic Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays. Preventive Restorative³ Restorative-Crowns³ Endodontics³ Endodontics³ Freidontics³ Prosthetics - Adjustment³ Prosthetics - Fixed³ Extractions³ Extractions³ Diagnostic Oral examination, diagnostic casts. Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays. Prophylaxis, fluoride applications, space maintainers. The treatment of tooth decay by the use of amalgam and/or composite restorations. The use of gold, semiprecious, or nonprecious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations. The treatment of the diseases of the nerve of the tooth. The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable). The replacement of missing teeth by the use of a removable appliance. The repair or modification of existing removable and/or fixed appliances so that they can continue to be serviceable. The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth, which cannot otherwise be replaced with a removable appliance. The extraction, either simple or surgical, of either a single tooth or multiple teeth, the shaping of bone bridges, the removal of a tooth end abscess, etc. The surgical removal of teeth partially or fully covered by bone. The straightening of teeth for dental health reasons. All other adjunctive general services as coded in the American Dental Association (ADA) Current Dental Terminology, which are not included in the specific categories listed, that are covered services.	Diagnostic Category Diagnostic Oral examination, diagnostic casts. Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays. Preventive Prophylaxis, fluoride applications, space maintainers. The treatment of tooth decay by the use of amalgam and/or composite restorations. The use of gold, semiprecious, or nonprecious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations. The treatment of the diseases of the nerve of the tooth. The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable). Prosthetics - Removable³ Prosthetics - Adjustment³ Prosthetics - Fixed³ The use of gold, semiprecious, or precious metals to replace a missing tooth or teeth, which cannot be restored with a removable appliance. The extraction, either simple or surgical, of either a single tooth or multiple teeth, the shaping of bone bridges, the removal of a tooth end abscess, etc. Bony Impactions³ All other adjunctive general services as coded in the American Dental Association (ADA) Current Dental Terminology, which are not included in the specific categories listed, that are covered services.

