

## Choice Essential PPO

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

## CHOICE ESSENTIAL PPO

Employee Only	\$ 33.18
Employee + One	\$ 64.46
Family	\$ 96.95

### DEDUCTIBLES AND MAXIMUMS

	Annual Deductible <sup>1</sup>		Annual Maximum	Orthodontic Lifetime Maximum
	Individual	Family	Individual	Individual
In-Network	--	--	Unlimited	--
Out-of-Network <sup>2</sup>	25	75	Unlimited	--

### BENEFITS AND COVERED SERVICES

Procedure Code	Care Category	Description by illustration, not limitation	In-Network	Out-of-Network
00100-00199 00331-00999	Diagnostic	Oral examination, diagnostic casts.	100	100
00200-00330	X-Rays	Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays.	100	100
01000-01999	Preventive	Prophylaxis, fluoride applications, space maintainers.	100	100
02000-02399	Restorative <sup>3</sup>	The treatment of tooth decay by the use of amalgam and/or composite restorations.	100	100
02400-02999	Restorative-Crowns <sup>3</sup>	The use of gold, semiprecious, or nonprecious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations.	--	--
03000-03999	Endodontics <sup>3</sup>	The treatment of the diseases of the nerve of the tooth.	--	--
04000-04999	Periodontics <sup>3</sup>	The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable).	--	--
05000-05399 05600-05899	Prosthetics - Removable <sup>3</sup>	The replacement of missing teeth by the use of a removable appliance.	--	--
05400-05799	Prosthetics - Adjustment <sup>3</sup>	The repair or modification of existing removable and/or fixed appliances so that they can continue to be serviceable.	100	100
06000-06999	Prosthetics - Fixed <sup>3</sup>	The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth, which cannot otherwise be replaced with a removable appliance.	--	--
07000-07219 07250-07999	Extractions <sup>3</sup>	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.	100	100
07220-07249	Bony Impactions <sup>3</sup>	The surgical removal of teeth partially or fully covered by bone. The straightening of teeth for dental health reasons.	--	--
09000-09999	General Services <sup>3</sup>	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.	100	100
8000 - 8999	Orthodontics	The straightening of teeth for dental health reasons.	--	--