

The member is responsible for the following amounts.

Service	Benefit:
Office visits	\$25 co-pay per visit
Diagnostic and Preventive Services	
Routine and emergency exams	No charge
X-rays	No charge
Teeth cleaning	No charge
Fluoride treatment	No charge
Sealants	No charge
Head and neck cancer screening	No charge
Oral hygiene instruction	No charge
Periodontal charting	No charge
Periodontal evaluation	No charge
Restorative Dentistry and Prosthetics	
Fillings – amalgam	No charge
Fillings – posterior composite	\$60 co-pay
Permanent crowns	\$200 co-pay per crown
Complete upper or lower denture	\$150 co-pay per denture
Bridge	\$200 co-pay
Endodontics and Periodontics	
Root canal therapy - anterior	\$200 co-pay per tooth
Root canal therapy - bicuspid	\$200 co-pay per tooth
Root canal therapy - molar	\$200 co-pay per tooth
Osseous surgery	\$200 co-pay per quadrant
Root planing	\$150 co-pay per quadrant
Extractions	
Simple extraction – single tooth	No charge
Surgical extraction	\$150 co-pay per procedure
Orthodontia	
Pre-orthodontic service	\$150 co-pay [^]
Comprehensive orthodontia	\$3,000 co-pay
Miscellaneous	
Anesthesia	No charge
Nitrous oxide	\$20 co-pay
Emergency office visit	\$50 co-pay per visit
Specialty office visit	\$30 co-pay per visit
Out-of-area emergency care	Reimbursed up to \$100

This is a brief summary of benefits. For a complete list of covered expenses, please see the Dental Fee Schedule.

Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

[^] Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.

Additional Information

Primary care dentist

You must select a Dental Advantage Essentials Network dentist as your primary care dentist (PCD) from the plan's provider directory. The PCD will coordinate all of your dental care needs. See your Dental Member Handbook for details.