



**PPO Plan with Preferred Provider Option**

You save up to 30% by using our In-Network dentists. These preferred providers have reduced fee schedules which allow additional savings for you.

Schedule	In-Network Preferred Provider	Out of Network
<b>Type 1 – Preventive – No Waiting Period</b> Exam & X-Rays Cleanings/Prophylaxis Fluoride & Sealants	100%	100%
<b>Type 2 – Basic – No Waiting Period</b> Fillings Oral Surgery Endodontics Periodontics	80%	80%
<b>Type 3 – Major – No Waiting Period</b> Crowns Bridges Prosthodontics Implants	50%	50%
<b>Deductible</b> Per Member, (maximum of 3 deductibles per family) Per Year Deductible waived for Type 1 In & Out of Network		\$50  Yes
<b>Maximum</b> Per Member, Per Year		\$2,000
<b>Type 4 – Ortho – No Waiting Period</b> (complete details on back) Adult treatment Child treatment (18 & under)		\$1,975 \$1,775

- We require that your dentist submit a pre-authorization form for treatment plans totaling \$250.00 or more
- The enclosed information is only a summary. The Group Service Agreement and Evidence of Coverage must be consulted to determine the exact terms and conditions of benefits
- This plan is underwritten by Dental Health Services
- The provider network is First Dental Health, and the plan is administered by Dental Health Services
- Please call Dental Health Services Member Services hotline with any questions at 888.789.3127

# Orthodontia Benefits Explanation

Description	Member Copayment
Consultation Fee– Adults & Children	\$25.00
Full banded/Full treatment (Adults, Age 19 and over) (not including x-rays or models)	\$1975.00
Full banded/Full treatment (Children up through age 18)	\$1775.00
Retentions (after orthodontic treatment)	\$180.00
Broken Appointments (without 24-hour notice)	\$25.00

*Please call Dental Health Services for a referral to a participating orthodontist near you.*

*A Great Reason to Smile<sup>sm</sup>*

[www.dentalhealthservices.com](http://www.dentalhealthservices.com)