



FOR GROUPS MORE THAN 100 ELIGIBLE EMPLOYEES

EMPIRE DENTAL PREMIUM CARE PPO

	In Network Options	Out of Network Options
Diagnostic and Preventive	80% to 100%	80% to 100%
Basic Services	50% to 100%	50% to 100%
Endodontics	50% to 100%	50% to 100%
Periodontics	50% to 100%	50% to 100%
Oral Surgery	50% to 100%	50% to 100%
Major Restorative	40% to 80%	40% to 80%
Prosthetic Repairs and Adjustments	40% to 80%	40% to 80%
Prosthetics	40% to 80%	40% to 80%
Orthodontia	50% to 80%	50% to 80%
OON Reimbursement Options	50th, 70th, 80th or 90th percentile	
Deductible Options	\$15 to \$100	
Annual Maximum Options	\$500 to \$2500	
Lifetime Ortho Maximum	\$500 to \$2500	
Dependent Ages	Same as for medical coverage	
Adult Ortho	Available	
Waiting Periods	NONE	

Benefit Description	Timeframes	Comments
Diagnostic and Preventive Services		
Oral Exams	1 exam every 6 months	
Full Mouth x-rays	1 series every 5 years	Option: 1 series every 3 years
Bitewing x-rays	1 series of 4 every 12 months	Coverage available up to age 18
	1 series of 4 every 24 months	Coverage available from age 18
Periapical x-rays	4 every 12 months	
Cleanings	Once every 6 months	
Topical Fluoride Application	Once every 12 months	Coverage available up to age 19
Basic Services		
Emergency treatment for the relief of pain		\$50.00 Maximum per occurrence, in dentist office only
Space maintainers		For missing posterior primary teeth
Sealants	Once per lifetime for permanent molars for children up to age 16	Option: Coverage provided under D&P Services
Restorations		
Amalgams, synthetic porcelain, preformed crowns		Coverage available up to age 19
Composite restorations	Once every 2 years	For anterior teeth only
Composite restorations	Once every 2 years	For posterior teeth, covered up to benefit level of amalgams
Inlays or onlays	Once every 2 years	Covered up to benefit level of amalgams
General anesthesia or intravenous sedation		When given in conjunction with a complex surgical service
Oral Surgery		
Root Canals (Endodontics)		On permanent teeth only
Periodontics	One procedure per quadrant every 36 months	
Major Restorative Services		
Crowns, inlays, or onlays	Replacements available after 5 years	
Prosthetic Repair and Adjustment	Adjustments, relining, or rebasing available after 6 months	
Prosthetics—Removable and Fixed	Replacements available after 5 years	
Orthodontics		Coverage available from ages 8 to 18. Option: Coverage available for ages 19 and older

Note 1: Sealants can be included in either Diagnostic & Preventative or Basic Services

Note 2: Deductibles are waived for Diagnostic and Preventative Services.

Note 3: Deductibles apply to both in and out of network services and are combined when calculating total deductibles

Note 4: Deductibles are available in increments of \$5. Family deductible can be 2 or 3 times the individual deductible

Note 5: Annual and Orthodontia Maximums are available in increments of \$250

Note 6: In network coinsurance must always be greater than or equal to out of network coinsurance

Note 7: In and Out of Network percentages are available in increments of 5%

Note: This is a benefits summary only and is subject to terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our requirements could result in benefit reductions.

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