

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at priorityhealth.com or by calling 800.446.5674.

Benefit category	Plan pays	You pay	Annual deductible	Annual plan maximum
Class I – Diagnostic and preventive services				
Includes exams, cleanings and fluoride treatments – (cleanings and exams: limit two per year)	100%	0%	NA	\$1,000 per person per year
Emergency palliative treatment – used to temporarily relieve pain	100%	0%		
X-rays	100%	0%		
Sealants – dental sealants to prevent decay of permanent molars (to age nine on first molars and age 14 on second molars)	100%	0%		
Class II – Minor restorative services				
Oral surgery services – extractions and dental surgery, including pre-operative and post-operative care	80% after deductible	20%	\$50 per person \$150 per family	\$1,000 per person per year
Minor restorative services – used to repair teeth damaged by disease or injury (amalgam [silver] fillings for example)	80% after deductible	20%		
Periodontics – used to treat diseases of the gums and supporting structures of the teeth	80% after deductible	20%		
Endodontics – used to treat teeth with diseased or damaged nerves (root canals for example)	80% after deductible	20%		
Class III – Major restorative services (180 day waiting period*)				
Prosthodontics – used to replace missing natural teeth (for example, bridges, dentures and implants)	50% after deductible	50%	\$50 per person \$150 per family	\$1,000 per person per year
Major restorative services – used when teeth cannot be restored with another filling material (for example: crowns, bridges and implants)	50% after deductible	50%		
Class IV – Orthodontic services (180 day waiting period*)				
Orthodontic services (to age 19) – used to correct malposed (crooked) teeth and/or facial bones (for example braces)	50%	50%	NA	
Orthodontic services benefit maximum	\$1,000 per person per lifetime		NA	

This plan is not a qualified health plan, as defined by the Patient Protection and Affordable Care Act (PPACA). It is not intended to meet the minimum standards for essential health benefits for pediatric dental coverage. This plan does not cover pediatric dental benefits for individuals required to obtain that essential health benefit under the PPACA or in order to be eligible for enrollment in another health plan. You should not attest that you have obtained essential health benefits for pediatric dental coverage based only on your enrollment in this plan.

* Waiting period waived with proof of previous group dental coverage.