

DENTAL BENEFIT HIGHLIGHTS

ESSENTIAL

	ESSENTIAL PAYS	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services — includes exams, cleanings, fluoride, and space maintainers Brush Biopsy — to detect oral cancer Bitewing Radiographs — bitewing X-rays (annually) Sealants — to prevent decay of permanent teeth	100%	25%
Basic Services Emergency Palliative Treatment — to temporarily relieve pain All Other Radiographs — other X-rays Other Basic Services — misc. services Periodontal Maintenance — cleanings by a specialist Minor Restorative Services — fillings Oral Surgery Services — extractions and dental surgery	50%	25%
Major Services All Other Periodontic Services — to treat gum disease Endodontic Services — root canals Major Restorative Services — crowns and veneers Relines and Repairs — to bridges and dentures Prosthodontic Services — bridges and dentures	25%	25%
Orthodontics Orthodontic Services — braces	0%	0%
ADDITIONAL PLAN INFORMATION		
Allowed Amounts — in-network and out-of-network providers	PPO Fee	PPO Fee
Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except orthodontic services.	\$1,000	\$1,000
Orthodontic Lifetime Maximum	\$0.00	
Calendar Year Deductible — per person/per family. Does not apply to any Diagnostic & Preventive Services	\$0/\$0	

DENTAL NETWORK POWERED BY DENTIST DIRECT

FIND AN IN-NETWORK DENTIST AT:
[MYRENPROVIDERS.COM](https://myrenproviders.com)