

Your Dental Options

Plan Feature	Basic Plus PPO	DMO
Annual Deductible		
• Individual	\$125	\$0
• Family	\$250	\$0
Annual Maximum	\$2,000 per person/year	None
Exam & Cleaning	100% covered	100% covered
X-Rays	100% covered (1 bitewing/plan year, full mouth every rolling 3 years)	100% covered (1 bitewing/plan year, full mouth every rolling 3 years)
Restoration	80%	*
Root Canal		
• Non-molars	80%	*
• Molars	50%	*
Simple Extraction and Posterior Composite Fillings	80%	*
Porcelain Crowns, Implants and Dentures	50%	*
Oral Surgery		
• Basic	80%	*
• Major	50%	*
Orthodontia	50% up to \$2,000	\$2,000 copay

* Refer to the chart on the Intranet at myHR for more information.