

Affiliate of ProMedica

Plan Annual Maximum Benefit:		see plan specifications [¥]	
Diagnostic & Preventive		In Network	Out of Network*
Exams – periodic, limited, comprehensive		Covered at 100%	Covered at 100%
Radiographs – full mouth series, panoramic, bitewings		Covered at 100%	Covered at 100%
Fluoride		Covered at 100%	Covered at 100%
Routine teeth cleaning		Covered at 100%	Covered at 100%
Sealants		Covered at 100%	Covered at 100%
Restorative & Prosthodontics			
Core build ups		Covered at 50%	Covered at 50%
Crowns – porcelain, ceramic, stainless steel		Covered at 50%	Covered at 50%
Fillings - silver or white (anterior and posterior teeth)		Covered at 50%	Covered at 50%
Protective restorations		Covered at 50%	Covered at 50%
Removable dentures		Covered at 50%	Covered at 50%
Endodontics & Periodontics			
Root canal therapy – anterior, posterior		Covered at 50%	Covered at 50%
Root canal therapy – retreatment		Covered at 50%	Covered at 50%
Scaling and root planing		Covered at 50%	Covered at 50%
Full mouth debridement		Covered at 50%	Covered at 50%
Periodontal maintenance		Covered at 50%	Covered at 50%
Oral Surgery			
Simple extractions		Covered at 50%	Covered at 50%
Impactions		Covered at 50%	Covered at 50%
Surgical extractions		Covered at 50%	Covered at 50%
Miscellaneous			
Emergency palliative treatment		Covered at 50%	Covered at 50%
Anesthesia – general and IV sedation		Covered at 50%	Covered at 50%
Athletic mouthguards		Covered at 50%	Covered at 50%
Lifetime Orthodontic Benefit:		see plan specifications [¥]	

Procedures listed herein are payable up to the lifetime maximum benefit, not to exceed the maximum monthly installment. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted his/her lifetime maximum benefit under any Plan, additional charges will be excluded.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment

Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

*In-network dentists have agreed to accept discounts on covered dental services which allows for your benefit dollars to go further. Whereas out-of-network dentists are under no obligation to accept contracted fees. If there is a difference between the allowed reimbursement and the amount the dentist charges for the service, you are responsible for this difference. Therefore, your coinsurance may vary from the figures outlined above.

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a qualifying event occurs. If a statement in this summary conflicts with a statement in the Certificate, the terms of the Certificate will control. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in your Certificate, which is available on our website or by calling Paramount Dental at 800-727-1444.

[¥]Specific plan details such as plan annual maximum and/or orthodontic lifetime maximum amounts are available on our group member profiles when you log into insuringsmiles.com. Here you will be able to find more detailed information for your Paramount Dental plan.

To find a dentist visit: [InsuringSmiles.com/FindADentist](https://insuringsmiles.com/FindADentist)