

BASIC and ENHANCED
Coverage Summary for
Town of Canton
Group Number
001068

Basic Plan includes the following:

Deductible: \$25 per individual. Deductible waived for Diagnostic and Preventive categories.
Maximum for the calendar year is \$750 per person

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network
Diagnostic Initial Oral Exam Periodic Oral Exam Bitewing X-rays Full Mouth X-rays Single Tooth X-rays	Once every 60 months per dentist Once every 6 months Once every 6 months when oral conditions indicate need Once every 60 months As needed	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Once every 6 months Once every 6 months for members under age 19 (when required due to the premature loss of teeth) - For members age 14 and not for the replacement of primary or permanent front teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. Only when administered and dispensed in the dentist's office following scaling and root planing Only when administered and dispensed in the dentist's office following periodontal surgery	100%	100%
Restorative Silver Fillings Stainless Steel Crowns Temporary Fillings White Fillings	Once every 24 months per surface per tooth Once every 24 months per tooth Once per tooth Once every 24 months per surface per tooth on front teeth; single surface only on back teeth	80%	80%
Oral Surgery Simple Extractions Surgical Extractions	Oral surgical benefits not provided when rendered in a surgical day care or hospital setting Oral surgical benefits not provided when rendered in a surgical day care or hospital setting	80%	80%
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	Periodontic benefits not provided when rendered in a surgical day care or hospital setting Once per 24 months per quadrant Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings	80%	80%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth Limited to baby teeth	80%	80%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair Once within 36 months Once per tooth	80%	80%
Emergency Dental Care Minor Treatment of Pain Relief General Anesthesia	Three occurrences in 12 months Allowed with surgical services only	80%	80%

Dependents are eligible to age 19, Full-time students covered to age 23.
 *Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.
 Deductible waived for periodontal cleanings.

Enhanced Plan includes the Basic Plan plus the following:

Deductible: \$50 per individual. Deductible waived for Diagnostic and Preventive categories.
Maximum for the calendar year is \$1,000 per person

Prosthetic Dentures Endosteal (single tooth) Implants Fixed Bridges and Crowns	Once within 60 months To replace one missing tooth (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant. When part of a bridge. Once within 60 months	50%	50%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth	50%	50%

Orthodontics: Covered at 100% of the Maximum Plan Allowance charges to age 19. \$1,000 separate lifetime maximum.

Dependent are eligible to age 19. Full-time students covered to age 23.
 *Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.
 Deductible waived for periodontal cleanings.
This plan is eligible for Rollover Max. See the benefit guide for details.