



Traditional Plus Dental Plan Benefits-at-a-Glance WmHIP

Class I Services

Periodic Oral Exams	Covered – 100%, twice per calendar year
Prophylaxis (Teeth Cleaning)	Covered – 100%, twice per calendar year
Bitewing X-rays	Covered – 100%, twice per calendar year
Full-mouth and Panoramic X-rays	Covered – 100%, once every 36 months
Fluoride Treatment	Covered – 100%, twice per calendar year, up to and including age 18
Space Maintainers	Covered – 100%, once per quadrant per lifetime, includes all members
Palliative Emergency Treatment	Covered – 100%
Sealants	Covered – 100%; once every 36 months, first and second molars, up to and including age 19

Class II Services

Fillings - permanent teeth	Covered – 80%, once every 24 months
Fillings - primary teeth	Covered – 80%, once every 12 months
Inlays, Onlays and Crowns – permanent teeth	Covered – 80%, once every 60 months, payable for members age 12 and older
Recementing of Inlays, Onlays, Crowns and Bridges	Covered – 80%, three per calendar year
Root Canal Therapy	Covered – 80%, once every 12 months for teeth with one or more canals
Periodontal Scaling and Planing	Covered – 80%, once per quadrant every 24 months
Periodontal Prophylaxis	Covered – 80%; limited to 4 services per calendar year
Occlusal Adjustment	Covered – 80%, up to five times a 60-month period
Occlusal Guard/Biteguards	Covered – 80%, once every 12 months
General Anesthesia or IV Sedation	Covered – 80%, when medically necessary & performed with oral or dental surgery
Oral Surgery including extractions	Covered – 80%
Relining or Rebasings of Partials or Dentures	Covered – 80%, once every 36 months per arch
Tissue Conditioning	Covered – 80%, once every 36 months per arch
Repairs to Existing Partials or Dentures	Covered – 80%, up to one-half the approved amount for a new denture in any 12-month period

Class III Services

Removable Dentures – Complete and Partials	Covered – 50%
Fixed Bridges	Covered – 50%
Implants	Covered – 50%

Class IV Services – Orthodontic services for All covered members

Habit Breaking Appliances	Covered – 50%
Minor Tooth Guidance Appliances	Covered – 50%
Full-Banding Treatment	Covered – 50%
Monthly, Active Treatment Visits	Covered – 50%

Benefit Period, Copays and Dollar Maximums

Benefit Period	Calendar Year
Deductible	\$50 Individual – Applies to Class II, III, & IV
Member Coinsurance	20% for Class II services and 50% for Class III & IV services
Dollar Maximums	
• Annual Maximum	\$1,000 per member for covered Class I, II, & III services
• Lifetime Orthodontic Maximum	\$1,500

Members may visit any dentist for their dental needs, but they will have the lowest out-of-pocket costs when they visit dentists who are part of the DenteMax dental network.

Our Traditional Plus Dental plan includes a discounted dental network that reduces out-of-pocket costs when members use DenteMax network dentists. Network dentists have signed agreements with DenteMax to accept a reduced, discounted network fee schedule, as payment in full for covered dental services. Members have lower out-of-pocket costs because copays are based on a discounted amount.

The DenteMax network includes over 30,000 independent dentists nationwide. Members can obtain the most current information regarding DenteMax dentists by accessing the website at www.dentemax.com or by calling DenteMax at 1-800-752-1547.