



Oral Health Services

ACCESS

Presented by

Professional Benefit Administrators

1 (800) 578-2082

Visit our web site

<http://www.pbainsurance.net#>

SUMMARY OF BENEFITS AND COPAYMENTS

These procedures are performed as needed and deemed necessary by your Provider Dentist subject to the Limitation, Exclusions and Governing Administrative Policies of the program.

Enrollee Pays

DIAGNOSTIC

Oral examinationNo Cost

Bitewing x-rays 4 films.....No Cost

Panoramic filmNo Cost

Pulp vitality testsNo Cost

PREVENTIVE

Prophylaxis (adult/child) two per 12 month period.....No Cost

Topical application of fluoride including, excluding prophylaxis (to age 19).....No Cost

RESTORATIVE

Amalgam - one surface, primary\$ 36.00

Amalgam - four surfaces, primary\$ 66.00

Amalgam - one surface, permanent\$ 36.00

Amalgam - four surfaces, permanent.....\$ 66.00

Resin - one surface, anterior\$ 58.00

Sedative filling.....\$ 35.00

ORAL SURGERY

Simple extraction - single tooth.....\$ 46.00

Surgical removal of erupted tooth\$ 85.00

Removal of impacted tooth - soft tissue\$ 99.00

Removal of impacted tooth - completely bony.....\$ 155.00

Alveoloplasty in conjunction with extraction per quadrant.....\$ 92.00

Alveoloplasty with no extraction per quadrant.....\$412.00

PERIODONTICS

Gingivectomy / gingivoplasty, 4+ teeth per quadrant.....\$214.00

Gingival Flap procedure, incl. Root planning 4+ contiguous teeth, per quad.....\$253.00

Osseous surgery, flap entry & closure, 1-3 teeth per quadrant.....\$408.00

PROSTHETICS

Crown - porcelain/ceramic substrate\$357.00

Crown - porcelain fused to metal....\$380.00

Crown - full cast metal.....\$350.00

Denture - complete upper /lower\$472.00/\$472.00

Denture - upper or lower partial w/resin base.....\$521.00/\$521.00

Replace missing/ broken denture teeth - per tooth.....\$47.00

Rebase upper/lower partial denture\$181.00

Denture reline upper/lower, partial denture (chairside).....\$99.00

ENDODONTICS

Endodontics: Anterior, Bicuspid, Molar (excluding final restoration\$269.00; \$328.00; \$385.00

Root canal therapy, retreatment, anterior, bicuspid, molar\$314.00; \$371.00; \$446.00

ADJUNCTIVE GENERAL SERVICES

Palliative (emergency) treatment of

 Dental pain minor.....N/C

Sealant – per tooth.....N/C

Limited Oral Exam-Problem focusedN/C

- HOW IT WORKS

When you enroll in OHS, select a Participating Dentist from the list. Out of network reimbursements do apply. This location is now the center for all of your dental needs.

After you have enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that fully describes the benefits of your dental plan as well as an OHS membership card. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. **Dental services may be performed by a panel network for co-payment prices. Out of network providers will be given a maximum reimbursement for each covered procedure.**

- WHO CAN JOIN

You can also enroll your eligible dependents, which include your lawful spouse and unmarried children; including step-children, legally adopted and foster children to the limiting age as specified by state law.

OHS – Access Plan

Bi-Weekly Payroll Deduction

Individual.....	\$20.00
Individual & one dependent.....	\$29.00
Family.....	\$40.00

Monthly Bank Draft Rate

Individual.....	\$42.46
Individual & one dependent.....	\$60.88
Family.....	\$85.71

- ADVANTAGES

√ NO CLAIM FORMS

The dental location you choose provides all primary dental services. There are no claim forms to complete or percentage of usual charges for you to pay.

√ NO DEDUCTIBLES

In the OHS program there are no required deductibles to pay so your benefits begin immediately.

√ NO PRE-EXISTING CONDITIONS RESTRICTED

These conditions are not excluded in an OHS program. **Exception:** Work in progress.

√ PREPAID PLAN SAVES ON DENTAL COST

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment and this aids in better fiscal planning for you and your family.

√ QUALITY REVIEW OF DENTAL PROVIDERS

On site audit of participating dental locations to insure that established standards of quality are maintained.

√ SPECIALTY SERVICES

The OHS program offers services in dental specialty areas. These include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy), oral surgery procedures, and orthodontics.

- SUMMARY OF BENEFITS

The OHS program provides all reasonable and customary dental care (subject to the provisions, limitations and exclusions as shown in the Combined Evidence of Coverage and Disclosure Form) if care is rendered by your assigned OHS panel dentist. (See Description of Benefits and Co-payments on reverse side.)

Please note: With OHS you receive the same benefits at the specialist office that you would receive from a general Dentist. With all other prepaid dental plans you only receive a 25% discount of specialty care, which is much higher. For more information on why OHS should be your prepaid Dental Plan, please call:

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Please note: This is only a summary of the co-payments and benefits.
An evidence of coverage will be sent to you upon enrollment.