

Employee + Children

Employee + Family

\$30.47

\$42.06

## Passive PPO Indemnity Dental Insurance

## **Choose Any Dentist**

www.daviddearieinsurance.com

(504) 616-3537

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	Preventative	Basic	Major	Orthodontic	
COINSURANCE	Type I	Type II	Type III	Services	
	100%	80%	50%	50%	
Annual Benefit—Per Person					
Benefit Year Deductible, Per Person \$50 / Per Family \$150					
This deductible applies to Type II and III Services					
Payment is based upon allowable charges in the area in which service is rendered.					
Services provided at a non-contracting provider are paid at the 90th percentile.					
To save money, you can choose a dentist that is a member of the Dentemax network, go to www.dentemax.com.					
TYPE I - PREVENTATIVE SERVI	CES - 100%	TYPE III (MA	JOR SERVICES) - 50%		
Including:		Including:			
No waiting period, no deductible		• 12 mont	• 12 month waiting period (takeover provisions apply)		
Routine Exams	Major re	Major restorative services (crowns and inlays)			
Prophylaxis (Cleanings-one per 6 months)		Prosthet	Prosthetics (bridges, dentures)		
Emergency exams for der	es) • Replace	• Replacement of prosthodontics, dentures, crowns and inlays			
<ul> <li>Fluoride treatments for dependent children under age 19 (one per 12 months)</li> <li>Bitewing X-rays (once per 6 months</li> <li>TYPE II - BASIC SERVICES - 80%</li> </ul>		-	<ul> <li>Space maintainers</li> <li>Oral Surgery</li> <li>General anesthesia (for services dentally necessary</li> <li>Endodontics/root canal therapy</li> </ul>		
Including:					
No waiting period     Periodontics					
• Full mouth or panorex X-rays (1 per 36 months)		ORTHODON	TIC SERVICES		
Simple restorative services (fillings)			12 month waiting period		
Simple extractions		\$50 separate deductible			
• Sealants for children ages 6-15 (1 per tooth)		• 50% cov	• 50% coverage		
		• \$1,000 l	\$1,000 lifetime maximum benefit		
		Children	under 19 only		
			ation or to enroll contact	tearie@cox.net	