

PriorityDentalSM Plan A1000 Ortho



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at priorityhealth.com or by calling 800.446.5674.

Benefit category	Plan pays	You pay	Annual deductible	Annual plan maximum	
Class I – Diagnostic and preventive services					
Includes exams, cleanings and fluoride treatments. (Cleanings and exams: limit two per year)	100%	0%	n/a	\$1,000 per person per year	
Emergency palliative treatment – used to temporarily relieve pain.	100%	0%			
X-rays	100%	0%			
Sealants – dental sealants to prevent decay of permanent molars (to age nine on first molars and age 14 on second molars).	100%	0%			
Class II – Minor restorative services					
Oral surgery services – extractions and dental surgery, including pre-operative and post-operative care.	80% after deductible	20%	\$50 per person \$150 per family		
Minor restorative services – used to repair teeth damaged by disease or injury (amalgam [silver] fillings for example).	80% after deductible	20%			
Periodontics – used to treat diseases of the gums and supporting structures of the teeth.	80% after deductible	20%			
Endodontics – used to treat teeth with diseased or damaged nerves (root canals for example).	80% after deductible	20%			
Class III – Major restorative services					
Prosthodontics – used to replace missing natural teeth (for example, bridges, dentures and implants).	50% after deductible	50%			
Major restorative services – used when teeth cannot be restored with another filling material (for example: crowns, bridges and implants).	50% after deductible	50%			
Class IV – Orthodontic services					
Orthodontic services (to age 19) Used to correct malposed (crooked) teeth and/or facial bones (for example braces).	50%	50%	n/a		
Orthodontic services benefit maximum	\$1,000 per person per lifetime		n/a		