



Plan: Elite Choice
Underwritten by: Companion Life Insurance Company
Administered by: Dental Management Administrators
Effective Date: 1/1/2023
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100% after \$15 Co-Pay	See Claim Payment Schedule*
Type 2 - Basic Fillings	See Co-Pay Schedule	See Claim Payment Schedule*
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Type 4 - Orthodontics Dependent children up to age 19	No Coverage	No Coverage
Adults	No Coverage	No Coverage
Sealants	See Co-Pay Schedule	See Claim Payment Schedule*
Space Maintainers	See Co-Pay Schedule	See Claim Payment Schedule*
Endodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Periodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Simple Extractions	See Co-Pay Schedule	See Claim Payment Schedule*
Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule*
Specialists	Included **	See Claim Payment Schedule*
** All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.		

Waiting periods	In-Network	Out-of-Network
Type 2 - Basic	None	None
Type 3 - Major	None	6 Month Waiting Period
Type 4 - Orthodontics	None	No Coverage

Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$0.00	\$50.00
Family Max	\$0.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3

Annual Maximum Per Person	\$2,000.00
Orthodontic Lifetime Maximum	N/A

Network / Reimbursement Schedule	TDA PPO	See Claim Payment Schedule*
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Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!