

DENTAL PLANS PREMIER ACCESS

Unique to Premier Access is their PCN network which is available to members with the lowest out-of-pocket expenses; PCN Dentists fees average 50% off of those typically charged by Non Network Providers. This provides members with the most coverage available from any carrier. Premier Access Dental plans are available on a “stand alone” basis. This program is a valuable addition to your firms benefit package. The plans cover the following services when they are provided by a licensed dentist and when necessary and customary, as determined by the standards of generally accepted dental practices. This chart identifies the primary covered services.

Please call the phone number listed on the front cover of this booklet for rates and additional information.

CALENDAR YEAR BENEFITS	ELITE + ORTHO		ELITE		FREEDOM 1500		FREEDOM 1000	
	PREFERRED DENTIST ¹	ANY DENTIST ²	PREFERRED DENTIST ¹	ANY DENTIST ²	PREFERRED DENTIST ¹	ANY DENTIST ²	PREFERRED DENTIST ¹	ANY DENTIST ²
ANNUAL MAXIMUM (calendar year)	\$2,000	\$1,500	\$2,000	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000
DEDUCTIBLE (calendar year) Basic & Major Services								
Individual	Waived	\$50	Waived	\$50	\$50	\$50	\$50	\$50
Family	Waived	\$150	Waived	\$150	\$150	\$150	\$150	\$150
PREVENTIVE CARE Oral evaluations & cleanings (2 per year) X-Rays ³ Topical fluoride applications (children under age 14)	100%	100%	100%	100%	100%	100%	100%	100%
BASIC CARE Fillings, extractions, anesthesia Endodontics Space maintainers Oral surgery Periodontics Emergency pain relief treatment	90%	80%	90%	80%	80%	80%	80%	80%
MAJOR CARE (Subject to a 12 month wait)⁴ Repair of bridges & crowns ³ Inlays, onlays Crowns Bridges Dentures Implants	60%	50%	60%	50%	50%	50%	50%	50%
ORTHODONTICS CHILDREN TO AGE 19 ONLY (Subject to a 12 month wait)⁵ Lifetime Maximum Co-Insurance Deductible	\$2,000 50% \$0	\$2,000 50% \$0	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

To find a Premier Access provider, visit www.premierppo.com or call (888) 715-0760.

¹ Reimbursement based on PDP (Preferred Dentist Program) fees

² Reimbursement based on Reasonable & Customary Charges

³ There are some restrictions to this benefit, see the Premier Access Evidence of Coverage for complete details

⁴ May be waived with proof of current similar group coverage. Please call your administrator if you have any questions.

⁵ May be waived with proof of current similar group Orthodontic coverage. Please call your administrator if you have any questions.

GENERAL EXCLUSIONS - PLEASE SEE THE PREMIER ACCESS EVIDENCE OF COVERAGE FOR A COMPLETE DETAILED LIST

- TMJ expenses
- Services not listed and services begun before the enrollee and/or dependents became covered
- Services and supplies provided primarily for cosmetic purposes, or treatment to correct congenital defects
- Replacements of a crown, bridge or denture within five years
- Initial placement of a denture or fixed bridge which involved the replacement of one or more natural teeth, missing before the enrollee and or dependents became covered, unless it also replaces a natural tooth extracted while covered

This is only a summary and there may be details not included, the Premier Access Evidence of Coverage document supersedes any omissions or discrepancies in these plan descriptions. Premier Access’s Evidence of Coverage for these Plans may be found online (see page 30).