

# Orca Bay Foods, LLC – Group 0180970103

## Plans: Base Dental

**Benefits Effective 10/1/2024 – 09/30/2025**

**Note: Benefits quoted and pre-authorizations obtained are not a guarantee of claim payment. Claim payment will be based upon eligibility at the time of service and all the terms and conditions of the plan. Out of Network services are subject to 90% usual and customary allowances.**

DENTAL	Preferred/PAR	Out of Network	COMMENTS
PPO Network	DenteMax PPO Dental	Not Applicable	www.dentemax.com
Deductible	\$50 – Individual \$150 – Family	\$50 – Individual \$150 – Family	
Dental Maximum	\$2,000 – Individual Calendar Year Maximum	\$2,000 – Individual Calendar Year Maximum	
Alternative Treatment	Applies	Applies	If alternate services or supplies are used to treat a dental condition, covered dental expenses will be limited to the services and supplies which are customarily employed nationwide to treat the dental condition.
Lost Tooth Clause	Not Applicable	Not Applicable	
<b>Preventive Type I Services</b>			<b>Deductible Waived</b>
Bitewing X-rays	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to one per calendar year.
Complete Series or Panoramic	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to once every 60 months.
Extraoral X-rays	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Fluoride Treatments	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to two per calendar year. Limited to age 14.
Oral Exam	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to two per calendar year.
Occlusal X-rays and Cephalometric X-rays	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Oral Hygiene Instruction	Not Covered	Not Covered	
Periapical X-ray	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Prophylaxis	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to two visits per calendar year (combined with periodontal prophylaxis)
Sealants	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Limited to once per tooth every 36 months. Limited to age 14.
<b>Type II Services</b>			
Alveoplasty	Paid at 80%	Paid at 80%	
Apicoectomy and Retrograde Filling	Paid at 80%	Paid at 80%	
Bacteriologic Cultures	Paid at 80%	Paid at 80%	
Biopsy	Paid at 80%	Paid at 80%	
Bonded Fillings and Laminates	Paid at 80%	Paid at 80%	
Consultation	Paid at 80%	Paid at 80%	
Denture Relining	Paid at 80%	Paid at 80%	
Emergency Exams	Paid at 80%	Paid at 80%	

<b>DENTAL</b>	<b>Preferred/PAR</b>	<b>Out of Network</b>	<b>COMMENTS</b>
Extractions and Oral Surgery	Paid at 80%	Paid at 80%	
Frenectomy	Paid at 80%	Paid at 80%	
General Anesthesia	Paid at 80%	Paid at 80%	
Grafts	Paid at 80%	Paid at 80%	
Incision and Drainage	Paid at 80%	Paid at 80%	
Nightguards	Not Covered	Not Covered	
Nitrous Oxide	Paid at 80%	Paid at 80%	
Occlusal Adjustments	Paid at 80%	Paid at 80%	
Palliative Treatment	Paid at 80%	Paid at 80%	
Pathology	Paid at 80%	Paid at 80%	
Periodontal Appliance	Paid at 80%	Paid at 80%	
Periodontal Examination	Paid at 80%	Paid at 80%	
Periodontal Gingivectomy	Paid at 80%	Paid at 80%	Limited to four quads every 36 months.
Periodontal Osseous/ Mucogingival Surgery	Paid at 80%	Paid at 80%	Limited to four quads every 36 months.
Periodontal Prophylaxis/Maintenance	Paid at 80%	Paid at 80%	Limited to two visits per calendar year (combined with prophylaxis)
Periodontal Scaling and Root Planing	Paid at 80%	Paid at 80%	Limited to four quads every 24 months.
Periodontal Subgingival Curettage	Paid at 80%	Paid at 80%	
Pin Retention	Paid at 80%	Paid at 80%	
Provisional Splinting	Not Covered	Not Covered	
Pulp Vitality Test	Paid at 80%	Paid at 80%	
Pulpotomy	Paid at 80%	Paid at 80%	
Recementing Of Bridges, Crowns, Dentures, And Inlays/Onlays	Paid at 80%	Paid at 80%	
Removal of a Cyst	Paid at 80%	Paid at 80%	
Repair Of Bridges, Crowns, Dentures, And Inlays/Onlays	Paid at 80%	Paid at 80%	
Restorations – Amalgam	Paid at 80%	Paid at 80%	
Restorations – Composite	Paid at 80%	Paid at 80%	
Restorations – Plastic	Paid at 80%	Paid at 80%	
Restorations – Porcelain	Paid at 80%	Paid at 80%	
Restorations – Silicate	Paid at 80%	Paid at 80%	
Restorations – Synthetic	Paid at 80%	Paid at 80%	

<b>DENTAL</b>	<b>Preferred/PAR</b>	<b>Out of Network</b>	<b>COMMENTS</b>
Root Canal Therapy	Paid at 80%	Paid at 80%	
Sedative Fillings	Paid at 80%	Paid at 80%	
Stainless Steel Crowns	Paid at 80%	Paid at 80%	
Therapeutic Drug Injection	Paid at 80%	Paid at 80%	
<b>Type III Services</b>			<b>Subject to a 10 year replacement limitation.</b>
Bridges	Paid at 50%	Paid at 50%	
Bridges - Precision Attachments	Paid at 50%	Paid at 50%	
Build-ups	Paid at 50%	Paid at 50%	
Crowns	Paid at 50%	Paid at 50%	
Denture Adjustments	Paid at 50%	Paid at 50%	
Denture Rebasing	Paid at 50%	Paid at 50%	
Denture Tissue Conditioning	Paid at 50%	Paid at 50%	
Dentures – Full or Partial	Paid at 50%	Paid at 50%	
Diagnostic Casts/Study Models	Paid at 50%	Paid at 50%	
Implants	Paid at 50%	Paid at 50%	
Inlays/Onlays	Paid at 50%	Paid at 50%	
Space Maintainers	Paid at 50%	Paid at 50%	No age limit.
Veneers	Paid at 50%	Paid at 50%	
<b>TYPE IV Services</b>			
Orthodontia	Not Covered	Not Covered	
TMJ	Not Covered	Not Covered	