



PPO PLAN

In-Network: 100/80/0

Out-of-Network: 100/80/0

Annual Maximum:

Individual \$2,000

Deductible:

Individual None

Orthodontia:

Member pays reduced fee for a 24-month case when seen by a participating specialist.

FREE for USWU Retiree Chapter members

All members utilize the [Liberty Network](#).

The rate quote is based on the information provided to us at the time of proposal and reflects the risk presented at any time. Any change in our factors, risk, or any change in the benefits may result in a change in premium rates, a change in the plan offered, or a withdrawal of the proposal. Reimbursements based on Healthplex's Liberty Schedule of Allowances. This proposal is valid for sixty (60) days. Plan underwritten by Healthplex Insurance Company.

PPO PLAN

In-Network: Out-of-Network:	100/80/0 100/80/0	In-Network Copayments	Out-of-Network Reimbursements
Diagnostic & Preventive			
Oral Exam		\$0.00	\$22.00
Full Mouth Series X-Ray		\$0.00	\$49.50
Periapical, First Film		\$0.00	\$8.80
Bitewings, Four Films		\$0.00	\$18.70
Prophylaxis, Adult		\$0.00	\$38.50
Prophylaxis, Child		\$0.00	\$22.00
Fluoride Treatment		\$0.00	\$27.50
Sealant, Per Tooth		\$0.00	\$22.00
Restorative			
Amalgam, 1 Surface		\$7.70	\$30.80
Amalgam, 2 Surfaces		\$9.90	\$39.60
Amalgam, 3 Surfaces		\$12.10	\$48.40
Composite, 1 Surface, Anterior		\$8.80	\$35.20
Composite, 2 Surfaces, Anterior		\$12.10	\$48.40
Composite, 3 Surfaces, Anterior		\$15.40	\$61.60
Crowns			
Acrylic w/Metal Crown		\$385.00	\$0.00
Porcelain Crown		\$385.00	\$0.00
Porcelain w/Metal Crown		\$467.50	\$0.00
Post and Core, Casted		\$29.70	\$118.80
Endodontics			
Pulp Cap, Direct/Indirect		\$4.40	\$17.60
Root Canal Therapy, Anterior		\$55.00	\$220.00
Root Canal Therapy, Bicuspid		\$66.00	\$264.00
Root Canal Therapy, Molar		\$82.50	\$330.00
Oral Surgery			
Routine Extraction		\$12.10	\$48.40
Surgical Extraction		\$18.70	\$74.80
Soft Tissue Impaction		\$27.50	\$110.00
Partial Bony Impaction		\$33.00	\$132.00
Full Bony Impaction		\$42.90	\$171.60
Periodontics			
Scaling/Root Planing, Per Quad		\$16.50	\$66.00
Gingivectomy, Per Quad		\$33.00	\$132.00
Osseous Surgery, Per Quad		\$82.50	\$330.00
Dentures, Bridges, Crowns			
Complete Upper/Lower Dentures		\$577.50	\$0.00
Partial Upper/Lower Denture, Cast Base		\$632.50	\$0.00
Porcelain w/Metal Pontic/Abutment		\$467.50	\$0.00
Orthodontia			
Full 24-Month Case		\$2,740.00	Not Covered
<i>Dependent children covered to age 19</i>			

Reimbursements are based on Healthplex's Liberty Schedule of Allowances.
Exclusions and Limitations apply. Plan underwritten by Healthplex Insurance Company.