

2024 PGRMA Dental Benefits



The highlights of the Dental Payment Plan are as follows:

Individual dental calendar year deductible	\$50.00
Family dental calendar year deductible (Two individuals must meet the deductible in full)	\$100.00
Individual calendar year maximum benefit payable	\$1,000.00
Preventative Dental expense co-insurance (Does not apply to the deductible)	100%
Basic dental expense co-insurance	80%

Orthodontia:

Orthodontia expense co-insurance	50%
Individual orthodontic lifetime deductible (This is separate from the dental deductible)	\$50.00
Individual lifetime maximum benefit for orthodontic care	\$1,000.00

Note: Orthodontic treatment must begin prior to age 19 and is limited to dependents only

Preventative Dental Expenses

1. Examination and recall services including checkups and cleaning of teeth. Twice yearly

Basic Dental Expenses

1. Palliative treatment (temporary treatment of pain)
2. Endodontic treatment
3. Space Maintainers
4. X-rays
5. Oral Surgery
6. Periodontal treatment
7. Normal extration of teeth
8. Silver and synthetic permanent fillings, crowns and jackets
9. Fixed bridges consisting of crowns or jackets and artificial teeth
10. Dentures and removable bridges, and adjustments and repairs

Orthodontic Services

1. Diagnostic Procedures
2. Appliances for tooth guidance and control of harmful habits
3. Retention appliances
4. Comprehensive treatment with fixed and removable appliances for correction of malocclusion in permanent, primary and mixed dentition

Dental/Orthodontic Limitations

Expenses incurred for any treatment which is for cosmetic purposes or for the correction of congenital malformation

Expenses incurred for the replacement of any prosthetic appliance, crown or bridge within five (5) years following the date of the last placement of such appliance, crown or bridge expenses, incurred for lost or stolen appliances

Expenses for the initial placement of any prosthetic appliance or fixed bridge unless such placement is necessitated by the extraction of one or more natural teeth while insured under this section. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.

Expenses for the replacement denture or bridgework or temporary appliance unless one or more natural teeth were extracted after coverage began and the appliance is at least five (5) years old and cannot be made serviceable.

Expenses incurred for any procedure begun before coverage was in effect

Expenses incurred for any procedure begun after the individual's coverage under this section terminates or for any prosthetic dental appliance finally installed or delivered more than 30 days after the coverage terminates

Expenses incurred for procedures, appliances or restorations necessary to increase vertical dimension or restore occlusion or for purposes of splinting.

Expenses incurred for or in connection with an injury arising out of or in the course of any employment for wage profit or gain

Charges made by dentist for a broken appointment or for completion of claims forms required.

Note: In order to be eligible for Dental Benefits a dependent child must be under age 19, or enrolled as a Full Time Student to the attainment of age 25.