

# Dental Pay Plus

# 2020

Amherst Chamber of Commerce Dental Pay Plus January 1, 2020 - December 31, 2020				
	Dental Pay Plus - Starter		Dental Pay Plus - Level 1	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	Not Applicable	\$50	Not Applicable	\$50
Family	Not Applicable	\$150	Not Applicable	\$150
<b>Annual Maximum</b>				
Per Person	\$1,000	\$1,000	\$1,000	\$1,000
Routine Exams	100%	80%	100%	80%
Cleanings	100%	80%	100%	80%
X-rays	100%	80%	100%	80%
Fluoride Treatments	100%	80%	100%	80%
<b>Minor Restorative</b>				
Extractions	80%	50%	80%	50%
Fillings	80%	50%	80%	50%
Oral Surgery	80%	50%	80%	50%
Stainless & acrylic crowns	80%	50%	80%	50%
Local anesthesia	80%	50%	80%	50%
<b>Major Restorative</b>				
Endodontics	Not Covered	Not Covered	50%	50%
Periodontics	Not Covered	Not Covered	50%	50%
Porcelain crowns	Not Covered	Not Covered	50%	50%
Bridgework	Not Covered	Not Covered	50%	50%
Dentures (Placement & Repair)	Not Covered	Not Covered	50%	50%
General anesthesia	Not Covered	Not Covered	50%	50%
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
Dependent/ Student to Age 23	19/23	19/23	19/23	19/23
	<b>Quarterly Premium</b>		<b>Quarterly Premium</b>	
Single	\$167.02		\$178.39	
Family	\$438.73		\$448.09	

Updated 10/30/2019