



DENTAL PLAN

YourBenefits@AGlance

Please see your contract for complete details.

Plan Code: Self ins. DERP 12-21

Type 1

Preventative Services

- Oral Exams every 6 months.
- Cleanings every 6 months.
- Bite Wing x-rays every 12 months.
- Full mouth x-rays every 60 months.

Plan Pays - **50% up to annual maximum. See below.**

Type 2

Basic Services

- Fillings.
- Extractions.
- Endodontics.
- Periodontics.

Plan Pays - **50% up to annual maximum. See below.**

Type 3

Major Services

- Inlays.
- Crowns.
- Dentures

Plan Pays - **50% up to annual maximum. See below.**



Maximum Benefit

Annual combined maximum payable for all services is **\$1000 per family, for adults age 19 or older** per calendar year.

Helpful Hints:

- Pacific Coast Propane will pay up to \$1000 in benefits per family in a calendar year. Only adults age 19 and older are eligible. This maximum includes all dental services combined.
- To determine eligibility, check with your employer.
- Medical plans for children under age 19 cover pediatric dental / vision. This plan is for adults over age 19.
- You may use any dentist.
- For reimbursement, you must provide the office with an itemized bill showing each service rendered.