| | 70%-100% | 70%-100% | 70% - 100% Based on UCR | 100% | 100% | 100% Based on UCR *** |
|---|-------------|-------------|----------------------------|-------------|-------------|--------------------------|
| Includes: Oral Exams, Full Mouth Panoramic X-Rays, Misc. X-rays, Prophylaxis, Fluoride | | | | | | |
| | 70%-100% | 70%-100% | 70% - 100% Based on UCR | 100% | 100% | 100% Based on UCR *** |
| Includes: Sealants, Space Maintainers, Restorations, Emergency (Palliative), Endodontics, Periodontics, Oral Surgery | | | | | | |
| | 70%-100% | 70%-100% | 70% - 100% Based on UCR | 70% | 60% | 100% Based on UCR *** |
| | 70%-100% | 70%-100% | 70% - 100% Based on UCR | 70% | 60% | 60% Based on UCR *** |
| | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| | | | | | | |
| Orthodontic Lifetime Maximum | \$500 | \$500 | \$500 | \$2,500 | \$2,500 | \$2,500 |
| Adult/Child Orthodontics | 50% | 50% | 50% | 50% | 50% | 50% |
| | None | None | None | None | None | None |
| | None | None | None | None | None | None |

^{*} Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider.

^{**} Allowed Charge Limited to Covered Fee Schedule.

^{***} Member may be subject to a deductible and co-insurance for an out of network Specialist.