

2023 Momentum Dental Coverage Wisconsin

Optional Family Dental

| Adult Benefits | In-Network | Out-of-Network | Benefit Maximum |
|--|-----------------|----------------|----------------------------------|
| Cleanings / X-rays (Class A) Includes exams, X-rays, bitewings, cleanings, and fluoride. | 100% Coverage | No Coverage | 1 Visit per 6 Months |
| Basic Restorative (Class B) Includes therapeutic pulpotomy, repair / adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings. | 20% Coinsurance | No Coverage | \$1,000 Benefit Maximum per Year |
| Major Restorative (Class C) Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants, and occlusal guards. | 50% Coinsurance | No Coverage | |
| Orthodontics | Not Covered | Not Covered | Not Covered |

| Pediatric (up to age 19) Benefits | In-Network | Out-of-Network | Benefit Maximum |
|--|-----------------|----------------|----------------------|
| Cleanings / X-rays (Class A) Includes exams, X-rays, bitewings, cleanings, fluoride, sealants, and space maintainers. | 100% Coverage | No Coverage | 1 Visit per 6 Months |
| Basic Restorative (Class B) Includes therapeutic pulpotomy, repair / adjustment of dentures and oral surgery procedures such as wisdom tooth or other tooth extractions. Benefit limits may apply to posterior composite fillings; age limits may apply to certain procedures. | 30% Coinsurance | No Coverage | No Benefit Maximum |
| Major Restorative (Class C) Includes such services as crowns, root canals, apicoectomy, gingivectomy, dentures, implants, and occlusal guards. | 50% Coinsurance | No Coverage | No Benefit Maximum |
| Orthodontics Covered only when medically necessary. No waiting limits apply. | 50% Coinsurance | No Coverage | No Benefit Maximum |

