

## 2025 DENTAL IMPLANT SERVICES

# **About implants**

When restoring a tooth isn't possible, dental implants can form a base for individual replacement teeth, bridges, or dentures. Usually made of titanium, implants look like a screw and act as artificial replacements for natural tooth roots. They are surgically placed within the jaw bone and over time fuse to the bone. This forms a strong foundation for a prosthetic tooth. It's also why implants are usually more naturally fitting than dentures or other dental restorations.

This benefit covers implant services for members on Dental Choice PPO plans.

### **Benefit Options**

We offer the following implant cost shares and benefit maximums:

Implant Buy-Up Options
PPO Non-deductible and PPO Deductible Plans with unlimited/no benefit maximum
50% of charges up to the \$2,000 implant benefit maximum
50% of charges up to the \$3,000 implant benefit maximum
50% of charges up to the \$4,000 implant benefit maximum
PPO Non-deductible and PPO Deductible Plans with plan benefit maximum
50% coinsurance up to the plan benefit maximum
(\$1,000, \$1,500, \$2,000)

#### Coverage

This benefit covers the following dental implant services:

- Surgical placement and removal of a dental implant once per tooth space per lifetime including
  diagnostic consultations, occlusal analysis, bone augmentation and grafts, impressions, oral surgery,
  placement, and services associated with postoperative conditions and complications arising from
  dental implants or removals;
- The final crown and implant abutment over a single implant;
- The final implant-supported bridge abutment and implant abutment; or
- An alternate benefit per arch of a full or partial denture for the final implant-supported full or partial denture prosthetic device when the implant is placed to support a prosthetic device.
- Cleaning of dental Implant prosthesis and abutments including scaling debridement, and cleaning of implant surfaces performed as part of routine prophylaxis and periodontal maintenance or as dentally necessary.
- Dental implant maintenance when the prosthesis is removed and reinserted, including cleaning of the prosthesis and abutments.



## **Implant exclusions**

- A dental implant, or any part of a dental implant, that has been surgically placed prior to the member's effective date of coverage.
- Eposteal and transosteal implants.
- Implant-supported bridges are not covered if one or more of the abutments are supported by a natural tooth.
- Myofunctional therapy.
- Treatment of cleft palate.
- Treatment of macroglossia.
- Treatment of micrognathia.
- Treatment of primary/transitional dentition.

### **Implant Limitations**

- Routine scaling, debridement and cleaning of dental implant surfaces, when performed as part of routine prophylaxis and periodontal maintenance, is limited to two visits per year.
- Dental implant maintenance when the prosthesis is removed and reinserted, including cleaning of the prosthesis and abutments, is limited to once every two years.
- Repair of a dental implant is not covered, except when the member has 5 or more years of continuous dental coverage. This limitation does not apply to services associated with postoperative conditions or complications arising from dental implants or removals, or to services associated with failure of a dental implant.
- These benefits or alternate benefits are not provided if the tooth, dental implant, or tooth space received a cast restoration or fixed or removable prosthodontic benefit, including a pontic, within the previous 5 years.