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Momentum Dental PPO Plan Options

* Deductibles	(per benefit year)	\$0/\$0	\$25/\$75	\$50/\$150	
Annual Maximums	(per benefit year)	\$1,000	\$1,200	\$1,500	\$2,000

Coverage Options

	In Network	Out of Net.
Diagnostic & Preventive Services	100%	100/80/60
Oral Exams		
Oral Exams Problem Focused		
Full Mouth or Panoramic X-rays		
Bitewing X-rays		
Periapical X-rays		
Prophylaxis / Cleanings		
Fluoride Treatments		
Sealants		
Space Maintainers		

	100/80/50/0	80/60/40/0
Basic Services		
Labs & Other Tests		
Fillings		
Emergency Palliative Treatment		
Simple Extractions		

	100/80/50/0	50/25/0
Major Services		
Crowns		
Inlays/ Onlays		
Recementations		
Crown Build-ups / Post & Core		
Repairs		
Root Canal		
Pulpotomy		
Periodontal Services (Maintenance / Surgery)		
Dentures		
Fixed Bridges		
Implants		
Oral Surgery		
General Anesthesia		

	80/50/0	50/0			
Orthodontic Services					
Orthodontic Maximums	(per lifetime)	\$1,000	\$1,200	\$1,500	\$2,000

* Deductibles are per member / per family and can apply or not apply to groups of services.

Mix and match any combination of deductibles, maximums, and coverage percentages to customize a plan to fit your needs.

This Plan Option document is intended as a brief overview of the policy options available, and consequently certain terms, conditions, limitations and exclusions may not be listed. A complete list of the terms, conditions, limitations and exclusions shall be contained within the policy. In the event of a conflict between the terms of this document and the terms of the policy, the terms of the policy shall govern.