

# PremierOne Credit Union Dental Benefit Summary

**Member Services** 855-844-0626

**Email** memberservices@skygenusa.com

Members can access their ID Card and plan information at  
**www.directdentalplans.com** by clicking Login > Members

Dental Benefit	
<b>Plan Year</b>	January 1 – December 31
<b>Annual Deductible</b> <i>(waived for preventive &amp; diagnostic services)</i>	\$25 per person/\$75 per family
<b>Annual Benefit Maximum</b>	\$1,500 per person

Covered Services	In-Network	Out-of-Network
<b>Preventive &amp; Diagnostic Services</b> Two (2) exams and two (2) cleanings allowed every 12 months, bitewing x-rays allowed twice every 12 months, full mouth x-rays allowed every 60 months, sealants up to age 18 once every 24 months, space maintainers for dependents to age 16.	<b>100%</b> <i>Deductible waived</i>	<b>100%</b> <i>Deductible waived</i> <i>UCR Applies</i>
<b>Basic Restorative Services</b> Basic fillings, periodontal procedures, scaling and root planing once in each quadrant every 24 months, periodontal maintenance therapy twice every 12 months following scaling and root planning, root canal treatment, office visits for observation, repairs to dentures, bridgework, crowns, etc. and oral surgery and anesthesia.	<b>90%</b>	<b>80%</b> <i>UCR Applies</i>
<b>Major Restorative Services</b> Crowns, inlays, bridges, implants, prosthodontics, partial/full dentures.	<b>60%</b>	<b>50%</b> <i>UCR Applies</i>
<b>Orthodontic Services</b> Lifetime maximum of \$1500 per person for all participants.	<b>50%</b> <b>\$1500 Lifetime Maximum</b>	<b>50%</b> <b>\$1500 Lifetime Maximum</b>

Dental Coverage Restrictions & Exclusions
<ul style="list-style-type: none"> <li>▪ Cosmetic services as defined by IRS regulations;</li> <li>▪ Crowns/Jackets/Inlays/Onlays/Cast Restorations/Partial and Full Dentures/Implants that are replaced in less than 5 years from placement.</li> </ul>

Dental Health Alliance (DHA) PPO Network
While you may see any provider, this plan has access to the <b>Dental Health Alliance (DHA) PPO Network</b> . When you visit a DHA in-network provider, fees may be up to 30% less than an out-of-network provider. Visit <b>www.directdentalplans.com</b> to find a DHA network dentist near you. Out of Network Benefits are paid according to the 90% Usual, Customary and Reasonable Fees for the treating dental office zip code.

Information for Providers – Please Contact Us to Verify Patient Eligibility			
<b>Provider Services</b>	(855) 866-2615 SDCproviderservices@skygenusa.com	<b>Payer ID</b>	SDCOM (Emdeon & DentalXChange)
<b>Claim Mailing Address</b>	Direct Dental Claims P.O. Box 497, Milwaukee, WI 53201	<b>Claim Email</b>	helpdesk@directdentalplans.com
Submit claims online at <b>www.directdentalplans.com</b> by clicking on Login > Providers			

*The services, exclusions and limitations listed above do not constitute a contract and are a summary only.  
Your complete benefit description can be found in the Summary Plan Description (SPD).*