

Amherst Chamber of Commerce Dental Pay Plus January 1, 2025 - December 31, 2025				
	Dental Pay Plus - Starter		Dental Pay Plus - Level 1	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	Not Applicable	\$50	Not Applicable	\$50
Family	Not Applicable	\$150	Not Applicable	\$150
Annual Maximum				
Per Person	\$1,000	\$1,000	\$1,000	\$1,000
Routine Exams	100%	80%	100%	80%
Cleanings	100%	80%	100%	80%
X-rays	100%	80%	100%	80%
Fluoride Treatments	100%	80%	100%	80%
Minor Restorative				
Extractions	80%	50%	80%	50%
Fillings	80%	50%	80%	50%
Oral Surgery	80%	50%	80%	50%
Stainless & acrylic crowns	80%	50%	80%	50%
Local anesthesia	80%	50%	80%	50%
Major Restorative				
Endodontics	Not Covered	Not Covered	50%	50%
Periodontics	Not Covered	Not Covered	50%	50%
Porcelain crowns	Not Covered	Not Covered	50%	50%
Bridgework	Not Covered	Not Covered	50%	50%
Dentures (Placement & Repair)	Not Covered	Not Covered	50%	50%
General anesthesia	Not Covered	Not Covered	50%	50%
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
Dependent Coverage	to Age 26	to Age 26	to Age 26	to Age 26
	Quarterly Premium		Quarterly Premium	
Single	\$167.02		\$178.39	
Family	\$438.73		\$448.09	

*No Application Fee required/\$25 administration fee per quarterly billing is included