

Summary of Benefits CO-INSURANCE/IN AND OUT (PPO)

	In-Network Fee Schedule	Out-of-Network Fee Schedule
Preventive		
Diagnostic-Preventive Preventive Exams, Cleanings (2 per year), Fluoride, X-rays, etc...	100%	100%
Basic		
Adjunctive Services-Basic Diagnostic-Basic, Oral and Maxillofacial Surgery, Preventive-Basic (Sealants, Space Maintainers), Restorative-Basic	80% Deductible Applies 3 Month Waiting Period	80% Deductible Applies 3 Month Waiting Period
Major		
Adjunctive Services-Major Anesthesia Services- Major, Endodontics, Periodontics, Prosthodontics-Fixed, Prosthodontics-Removable, Restorative-Major	50% Deductible Applies 12 Month Waiting Period	50% Deductible Applies 12 Month Waiting Period
Orthodontics		
Orthodontics	0%	0%
Maximums		
Preventive, Basic, & Major (Calendar Year Maximums)	\$1000.00 per year	\$1000.00 per year
Orthodontic Lifetime Maximum	\$0	\$0
Deductibles		
Per Person / Per Family (Calendar Year Deductible)	\$50\150	\$50\150
Specialists		
Please refer to the next page for additional plan notes.	Specialists - Plan payment details on the following page.	