



Option 1 or 2: High Plan or Low Plan plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: High Plan		Option 2: Low Plan	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar year deductible				
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	90%	90%	80%	80%
Major Care	60%	60%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1500	\$1500	\$1000	\$1000
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$700		\$500	
Rollover Amount	\$350		\$250	
Rollover Account Limit	\$1250		\$1000	
Lifetime Orthodontia Maximum	\$1500		\$1000	
Dependent Age Limits	26		26	

		Option 1: High Plan		Option 2: Low Plan	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	90%	90%	80%	80%
	Fillings‡	90%	90%	80%	80%
	Perio Surgery	90%	90%	80%	80%
	Periodontal Maintenance	90%	90%	80%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	90%	80%	80%
	Root Canal	90%	90%	80%	80%
	Scaling & Root Planing (per quadrant)	90%	90%	80%	80%
	Simple Extractions	90%	90%	80%	80%
	Surgical Extractions	90%	90%	80%	80%
Major Care	Bridges and Dentures	60%	60%	50%	50%
	Dental Implants	60%	60%	50%	50%
	Inlays, Onlays, Veneers**	60%	60%	50%	50%
	Single Crowns	60%	60%	50%	50%
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	Child(ren)		Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.