

SUMMARY OF COVERAGE	PLAN A			PLAN B			PLAN C			PLAN D		
	PPO™	Premier®	Out-of-Network	PPO™	Premier®	Out-of-Network	PPO™	Premier®	Out-of-Network	PPO™	Premier®	Out-of-Network
Deductible												
Individual	\$25*	\$50*	\$75	\$25*	\$50*	\$75	\$25*	\$50*	\$75	\$25*	\$50*	\$75*
Family	N/A			\$75	\$150	\$225	N/A			\$75	\$150	\$225
Benefit Period Maximum per person per calendar year	\$1,000											

BENEFIT CATEGORIES	Coinsurance paid by member											
	PLAN A	PLAN A	PLAN A	PLAN B	PLAN B	PLAN B	PLAN C	PLAN C	PLAN C	PLAN D	PLAN D	PLAN D
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, periodontal maintenance therapy)	10%	20%	40%	0%	0%	20%	10%	20%	30%	10%	20%	40%
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	30%	50%	10%	20%	40%	20%	30%	40%	20%	30%	50%
Posterior Composites (tooth-colored filling on back teeth)	50%	50%	60%	50%	50%	60%	50%	50%	60%	60%	60%	70%
Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)	50%	50%	60%	50%	50%	60%	N/A			60%	60%	70%
Periodontal Services (gum and bone diseases, complex procedures)	50%	50%	60%	50%	50%	60%				60%	60%	70%
High Cost Restorations (cast restorations - crowns, inlays, onlays, posts, cores)	50%	50%	60%	50%	50%	60%				60%	60%	70%
Prosthetics (bridges, dentures)	50%	50%	60%	50%	50%	60%				60%	60%	70%
Implants	Not Covered											
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19	Not Covered			50% coinsurance and \$1,000 lifetime maximum			Not Covered			50% coinsurance and included in benefit period maximum		

Monthly Rates	PLAN A	PLAN B	PLAN C	PLAN D
Single	\$30.98	\$32.14	\$17.94	\$22.90
Two Person	\$61.30	\$66.10	\$35.16	\$44.52
Family	\$89.82	\$104.70	\$70.24	\$85.82

Eligible children to age 26. Full-time (unmarried) students eligible to age 99.
*Deductible is waived for all diagnostic and preventive care.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.