

Type of Plan	Insured PPO			
Type of Network	Contracted Provider		Non Contracted Provider	
Preventive Cleanings, routine exams, fluoride & x-rays	100%		Refer to schedule of co-payments	
Basic Fillings and oral surgery, etc...	Fixed Co-pays (refer to schedule of co-payments)			
Major Crowns, bridges, dentures, etc...				
Ortho Children & Adults Children under 19 Lifetime Maximums (Insured)	20% Discount 20% Discount None		No Benefit	
Specialists Orthodontist, Oral Surgeon, Prosthodontist, Endodontist, Periodontist and Pediatric Specialist	20% Discount		No Benefit	
Deductible Applies to all services. Maximum three per family per calendar year	2-5 Enrolled	6+ Enrolled	2-5 Enrolled	6+ Enrolled
Person	\$25	\$0	\$25	\$0
Family	\$75		\$75	
Maximum Benefit Preventative, basic & major services. Per person per calendar year	No Maximum			
Waiting Periods	Basic		None	
	Major		None	
	Orthodontic		None	

