

# Dental PPO Plan (57p47)

		In-network	Out-of-network
<b>Deductible* — before the plan pays, you'll pay all costs up to</b>	Employee/Family	\$50/\$150	\$50/\$150
<b>Basic dental services</b>	Restorations	80%	80%
	Simple extractions	80%	80%
	Emergency treatment/general services	80%	80%
	Endodontics	80%	80%
	Periodontics	80%	80%
	Oral surgery	80%	80%
	<b>Major dental services</b>	Crowns and bridges	50%
Dentures		50%	50%
<b>Annual maximum — this is the most the plan will pay in the plan year</b>		<b>\$2,000</b>	<b>\$2,000</b>
<b>Orthodontic services</b>	Child(ren) and adults	50%	50%
	Lifetime ortho maximum	\$1,500	\$1,500

\* Network preventive care is covered 100%.

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

