

### Dental PPO Plan Summary

<b>Annual Deductible</b>	Individual \$50, Family \$150
<b>Annual Maximum Benefit</b>	\$2,000
<b>Preventative (cleanings, exam, x-rays)</b>	100%
<b>Basic Dental Services (fillings, basic root canal therapy)</b>	80%
<b>Major Dental Services (extractions, crowns, inlays, onlays bridges)</b>	50%
<b>Orthodontia Services - Adult &amp; Children (pre-authorization required)</b>	50% after \$50 Orthodontia Deductible
<b>Orthodontia Lifetime Maximum</b>	\$1,500 per person