



## Dental Benefit – PPO Plan

Voluntary Dental Plan – PPO Plan	In - Network	Out-of-Network
<b>Preventative</b>	100%	80%
<b>Basic</b>	80%	50%
<b>Major</b>	50%	50%
<b>Calendar Year deductible applies to:</b>		
<b>Individuals</b>	\$50	\$50
<b>Family</b>	\$150	\$150
	Aggregate	Aggregate
<b>Calendar Year Maximum</b>	\$5,000	\$5,000
<b>Orthodontia</b>	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000

<b>Dental PPO</b>	
<b>Employee Only</b>	\$6.00
<b>Employee + Spouse</b>	\$18.21
<b>Employee + Child(ren)</b>	\$28.20
<b>Employee + Family</b>	\$41.07



\*This is not a complete listing of the plan benefits, please refer to the summary.  
 \*\*Any discrepancies in the above, please note that the insurance plan document will govern.