

How Your Dental Plan Works:

When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

Progressive Maximum Benefit:

- Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1.
- Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.
- Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

	Plan Option A		Plan Option B	
	INN	OON	INN	OON
Reimbursement Levels	Based on Contracted Fees	Maximum Reimbursable Charge	Based on Contracted Fees	Maximum Reimbursable Charge
Policy Year Benefits Maximum Applies to: Class I, II, III, & IX expenses	Year 1: \$2000 Year 2: \$2100 Year 3: \$2200 Year 4: \$2300	Year 1: \$2000 Year 2: \$2100 Year 3: \$2200 Year 4: \$2300	Year 1: \$1500 Year 2: \$1600 Year 3: \$1700 Year 4: \$1800	Year 1: \$1000 Year 2: \$1100 Year 3: \$1200 Year 4: \$1300
Annual Deductible	None	None	Indiv. \$25 Family \$50	Indiv. \$25 Family \$50
Class I: Diagnostic & Preventive Oral Exams Cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth	100% No Deductible	No Charge No Deductible	100% No Deductible	100% No Deductible

	Plan Option A		Plan Option B	
	INN	OON	INN	OON
<i>Class II: Basic Restorative</i> Fillings (amalgam & composite on all teeth) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	100% No Deductible	80% After Annual Deductible	80% After Annual Deductible
<i>Class III: Major Restorative</i> Inlays and Onlays Prosthesis Over Implant Crowns, Bridges and Dentures	Plan pays 80% (No Deductible) You pay 20%	Plan pays 80% (No Deductible) You pay 20%	50% After Annual Deductible	50% After Annual Deductible
<i>Class IV: Orthodontia</i> Employee and All Dependents	80% No Deductible \$2000 Lifetime Maximum	80% No Deductible \$2000 Lifetime Maximum	50% No Deductible \$1500 Lifetime Maximum	50% No Deductible \$1000 Lifetime Maximum
<i>Class IX: Implants</i>	80% No Deductible	80% No Deductible	50% After Annual Deductible	50% After Annual Deductible