

DENTAL PLAN BENEFITS (PPO) PLAN #3

<p>For Covered Providers and Services</p> <p>Benefit Limit</p> <p>Orthodontic Lifetime Limit</p> <p>Deductible:</p> <p>Individual</p> <p>Family</p>	<p>\$2,000 per Participant, per Benefit Period <i>Preventive & diagnostic services do not count towards the Benefit Limit, per Benefit Period</i></p> <p>Not Covered</p> <p>Participant pays \$50 per Benefit Period (Deductible does not apply to Preventive Dental Covered Services)</p> <p>The Benefit Period Family Deductible is satisfied after three (3) Participants of the same family have met their Individual Deductible (No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</p>		
<p>DENTAL CARE BENEFITS (PPO)</p>	In-Network		Out-of-Network
	PPO Contracting Providers	Premier Contracting Providers	<p><i>When you choose an Out-of-Network Provider you are responsible for the difference between what DDI allows and what the Out-of-Network Provider charges</i></p>
<p>Preventive Dental Services</p>	<p>Plan pays 100% of Maximum Allowance</p>	<p>Plan pays 80% of Maximum Allowance</p>	<p>Plan pays 80% of Maximum Allowance</p>
<p>Basic Dental Services</p>	<p>Plan pays 80% of Maximum Allowance after Deductible</p>	<p>Plan pays 70% of Maximum Allowance after Deductible</p>	<p>Plan pays 70% of Maximum Allowance after Deductible</p>
<p>Major Dental Services</p>	<p>Plan pays 50% of Maximum Allowance after Deductible</p>	<p>Plan pays 40% of Maximum Allowance after Deductible</p>	<p>Plan pays 40% of Maximum Allowance after Deductible</p>