



2018 PLAN COMPARISON - ADULTS (AGE 19 & OVER)

Procedures and Covered Services	PPO Basic						PPO Plus		PPO Premium	
	In- Network			Out-of-Network			In- Network	Out-of-Network	In- Network	Out-of-Network
	Year 1 ¹	Year 2 ¹	Year 3 ¹	Year 1 ¹	Year 2 ¹	Year 3 ¹				
Diagnostic and Preventive Care	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%
Oral Exams	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%
Bitewing X-Rays	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%
Teeth cleanings (two per year)	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%
Basic Care	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%
Full and panoramic X-rays	50%	60%	80%	30%	50%	70%	100% (Class I)	90% (Class I)	100% (Class I)	90% (Class I)
Amalgam fillings (silver)	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%
Composite fillings (white)	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%
Extraction, erupted tooth	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%
Major Restorative Care	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Prosthetics										
Crowns	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Bridges	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Dentures	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Relining of dentures	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Periodontics (root planing and therapy)	15%	25%	50%	10%	20%	40%	50% (Class II)	40% (Class II)	50%	40%
Endodontics (root canals)	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Oral Surgery (extraction of impacted teeth)	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Orthodontics (adults)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Benefit Features										
Office Visit	None						None		None	
Deductibles	\$50 per adult (adult max \$150) ²						\$50 per adult (adult max \$150) ²		\$50 per adult (adult max \$150) ³	
Annual Maximums	\$1,000 per insured person						\$750 per insured person		\$1,500 per insured person	
Waiting Periods	None						None		Yes ⁴	

In the event of ambiguity, or conflict between this summary and the plan document, the plan document shall control.

¹ Year 1 benefits apply during the subscriber's first 12 months of continuous coverage. Year 2 benefits apply during the subscriber's second 12 months of continuous coverage. Year 3 benefits apply during the subscriber's third 12 months of continuous coverage.

² Deductibles apply to all services.

³ Deductibles apply to basic care and major restorative care.

⁴ There are no waiting periods for diagnostic and preventive care. To be eligible for basic care, you must have completed 6 (six) months of continuous coverage. To be eligible for major restorative care, you must have completed 12 (twelve) months of continuous coverage. Waiting period credit will be given for the length of time an insured was covered under each benefit classification under the current employer's prior dental coverage.