

Dental Renewal

Dental Benefit Summary

Renewal		
Plan: P9558 ¹ / Type: 100/80/50/50 PASSIVE PPO \$50/\$150-\$1,000 CHILD ONLY		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,000/\$1,000
	Ortho Lifetime	\$1,000/\$1,000
Deductible	Individual/Family	\$50/\$150
Waiting Period	Major Services	NO WAIT
	Preventive	100%/100%
Coinsurance	Minor Restore	80%/80%
	Endodontic Services	50%/50%
	Periodontic Services	50%/50%
	Oral Surgery Services	50%/50%
	Major Services	50%/50%
	Orthodontia	50%/50%

	Rate
Employee	\$25.23
Empl + Spouse	\$50.46
Empl + Child	\$71.04
Empl + Fam	\$102.38