

	<b>PASSIVE PPO</b> 100%/80%/0%-\$750	<b>PASSIVE PPO</b> 100%/50%/50%-\$750	<b>ACTIVE PPO</b> 100%/80%/50%-\$1,000	<b>PASSIVE PPO</b> 100%/80%/50%-\$1,000	<b>PASSIVE PPO</b> 100%/80%/50%-\$1,500 with Ortho
<b>Coinsurance</b>					
<b>Type 1—Preventive Services</b>	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Type 2—Basic Services</b>	80%	50%	In-network: 80% Out-of-network: 60%	80%	80%
<b>Type 3—Major Services</b>	0%	50%	In-network: 50% Out-of-network: 50%	50%	50%
<b>Annual Deductible</b> (calendar year)	\$50 Type 2 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150
<b>Calendar Year Maximum</b> (per person)	\$750	\$750	\$1,000	\$1,000	\$1,500
<b>Out-of-Network Allowance</b> U&C = Usual & Customary	90th U&C	90th U&C	In-network: Contracted fee Out-of-network: 90th U&C	90th U&C	90th U&C
<b>Routine Exam</b> (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Cleaning</b> (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>X-rays</b> (according to schedule)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Endodontics</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
<b>Periodontics</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
<b>Anesthesia</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	50%	80%
<b>Orthodontia</b>	Not covered	Not covered	Not covered	Not covered	Covered 50% to \$1,000 lifetime max., subject to U&C. No waiting period.
<b>Ameritas Dental Rewards®</b>	Not included	Not included	Not included	Included. See description on CBIA's website (cbia.com)	Included. See description on CBIA's website (cbia.com)

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