

| | DMO 100%/100%/60% With Ortho | PPO MAX 100%/80%/50%-\$1,250 With Ortho | PASSIVE PPO 100%/80%/50%-\$1,000 With Ortho | PASSIVE PPO 100%/80%/50%-\$1,500 With Ortho | PASSIVE PPO 100%/80%/50%-\$2,000 With Ortho |
|--|---|--|--|--|--|
| Coinsurance | | | | | |
| Type 1—Preventive Services | 100% | 100% | 100% | 100% | 100% |
| Type 2—Basic Services | 100% | 80% | 80% | 80% | 80% |
| Type 3—Major Services | 60% | 50% | 50% | 50% | 50% |
| Office Visit Copay | \$5 Copay | NA | NA | NA | NA |
| Annual Deductible (calendar year) | NA | \$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 |
| Calendar Year Maximum (per person) | NA | \$1,250 | \$1,000 | \$1,500 | \$2,000 (excludes Type 1 services) |
| Out-of-Network U&C = Usual & Customary | NA | Subject to Network Fee | 80th U&C | 80th U&C | 80th U&C |
| Routine Exam (1 in 6 mos.) | 100% | 100% | 100% | 100% | 100% |
| Cleaning (1 in 6 mos.) | 100% | 100% | 100% | 100% | 100% |
| X-rays (according to schedule) | 100% | 100% | 100% | 100% | 100% |
| Endodontics | 60% | 50% | 50% | 50% | 80% |
| Periodontics | 60% | 50% | 50% | 50% | 80% |
| Anesthesia | 60% | 50% | 50% | 50% | 80% |
| Orthodontia | \$2,300 Co-pay | 50% to \$1,000 Lifetime Max | 50% to \$1,000 Lifetime Max | 50% to \$1,000 Lifetime Max | 50% to \$1,000 Lifetime Max |

This document is intended only to highlight the benefits offered. It is not a certificate of insurance and does not include exclusions and limitations. For a detailed description of benefits and terms, including a complete list of covered procedures and exclusions and limitations, refer to the carrier documents that will be provided to the member upon enrollment. Benefit inquiries should be made to Aetna. at 1.877.238.6200.