

	<b>DMO</b> 100%/100%/60%	<b>PPO MAX</b> 100%/80%/50%-\$1,250	<b>PASSIVE PPO</b> 100%/80%/50%-\$1,000	<b>PASSIVE PPO</b> 100%/80%/50%-\$1,500	<b>PASSIVE PPO</b> 100%/80%/50%-\$2,000
<b>Coinsurance</b>					
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%
<b>Office Visit Copay</b>	\$5 Copay	NA	NA	NA	NA
<b>Annual Deductible</b> (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
<b>Calendar Year Maximum</b> (per person)	NA	\$1,250	\$1,000	\$1,500	\$2,000 (excludes Type 1 services)
<b>Out-of-Network</b> U&C = Usual & Customary	NA	Subject to Network Fee	80th U&C	80th U&C	80th U&C
<b>Routine Exam</b> (1 in 6 mos.)	100%	100%	100%	100%	100%
<b>Cleaning</b> (1 in 6 mos.)	100%	100%	100%	100%	100%
<b>X-rays</b> (according to schedule)	100%	100%	100%	100%	100%
<b>Endodontics</b>	60%	50%	50%	50%	80%
<b>Periodontics</b>	60%	50%	50%	50%	80%
<b>Anesthesia</b>	60%	50%	50%	50%	80%
<b>Orthodontia</b>	None	None	None	None	None

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.