

	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

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	DMO 100%/100%/60%	PPO MAX 100%/80%/50%-\$1,250	PASSIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,500	PASSIVE PPO 100%/80%/50%-\$2,000
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	None	None	None	None	None

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	PPO MAX 100%/80%/50%-\$1,250	PASSIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$2,000
Coinsurance			
Type 1—Preventive Services	100%	100%	100%
Type 2—Basic Services	80%	80%	80%
Type 3—Major Services	50%	50%	50%
Annual Deductible (calendar year)	\$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)	\$1,250	\$1,000	\$2,000 (excludes Type 1 services)
Out-of-Network U&C = Usual & Customary	Subject to Network Fee	80th U&C	80th U&C
Routine Exam (1 in 6 mos.)	100%	100%	100%
Cleaning (1 in 6 mos.)	100%	100%	100%
X-rays (according to schedule)	100%	100%	100%
Endodontics	50%	50%	80%
Periodontics	50%	50%	80%
Anesthesia	50%	50%	80%
Orthodontia	None	None	None

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