

# SUMMARY OF BENEFITS AND PAYMENT

The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of this Certificate.

	PPO	PREMIER	NON-PAR
<b>Deductible*</b>	\$25/\$75	\$25/\$75	\$25/\$75
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Benefit Categories</b>	<b>COINSURANCE</b>		
<b>Check-Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services) <ul style="list-style-type: none"> <li>1. Dental Cleaning</li> <li>2. Oral Evaluation</li> <li>3. Fluoride Applications</li> <li>4. X-rays</li> <li>5. Sealant Applications</li> <li>6. Space Maintainers</li> </ul>	00%	00%	00%
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services) <ul style="list-style-type: none"> <li>1. Emergency Treatment</li> <li>2. General Anesthesia/Sedation</li> <li>3. Restoration of Decayed or Fractured Teeth</li> <li>4. Limited Occlusal Adjustment</li> <li>5. Routine Oral Surgery</li> <li>6. Biopsy of Oral Tissue</li> </ul>	20%	20%	20%

\* Deductible for **Benefit Category: Check-Ups and Teeth Cleaning** will be waived for all providers.

	PPO	PREMIER	NON-PAR
<b>Benefit Categories</b>	<b>Coinsurance</b>		
<b>Root Canals</b> (Endodontic Services)  1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	20%	20%	20%
<b>Gum and Bone Diseases</b> (Periodontal Services)  1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy	20%	20%	20%
<b>High Cost Restorations</b> (Cast Restorations)  1. Cast Restorations <ul style="list-style-type: none"> <li>a. Crowns</li> <li>b. Inlays</li> <li>c. Onlays</li> <li>d. Posts and Cores</li> </ul>	50%	50%	50%
<b>Dentures and Bridges</b> (Prosthetics)  1. Bridges 2. Dentures 3. Repairs and Adjustments	50%	50%	50%
	20%	20%	20%

Single \$30.88

Family \$76.34