

**Public Risk Management:****Dental PPO Plan (High)**

	Participating Dentist	Non-Participating Dentist
Deductible (For Basic and Major Services Only)		
Per Person Per Calendar Year	\$50	\$50
Per Family Per Calendar Year	\$100	\$100
In-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.		
Preventive[†]	BlueDental Choice Pays[*]	You Pay[*]
Oral Evaluations (Exams)	100%	0%
Bitewing X-rays		
Prophylaxis (Cleanings) – Adult/Child		
Fluoride Treatment – Child		
Sealants		
X-rays – Intraoral/Complete Series/Panoramic		
Basic[†]	80%	20%
Amalgam Restorations (Silver Fillings)		
Resin-Based Restorations – Anterior and Posterior		
Extractions – Routine and Surgical		
Root Canal Therapy		
Periodontal Treatment		
Osseous Surgery		
Benefit Waiting Period	None	None
Major[†]	50%	50%
Crowns – Single Restorations		
Complete Dentures		
Partial Dentures		
Fixed Partial Dentures (Bridges)		
Dental Implants		
Benefit Waiting Period	None	None
Orthodontia Services	All Insureds	
Orthodontia Lifetime Maximum	\$1,500	
BlueDental Pays	50%	
Benefit Waiting Period	None	
Calendar Year Maximum Benefit Per Person	\$3,000	

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

[†]Some limitations may apply.

^{*}Percentage of fee schedule.

^{**}Paid at percentile of Usual and Customary fees, plus balance of charges, if any.

Note: Non-Participating Dentists may charge fees in excess of our Usual & Customary and may bill you for the difference.