

**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.				
	BlueDental Choice Pays[*]	You Pay[*]	BlueDental Choice Pays[*]	You Pay^{**}
Preventive[†]	100%	0%	100%	0%
Oral Evaluations (Exams)				
Bitewing X-rays				
Prophylaxis (Cleanings) – Adult/Child				
Fluoride Treatment – Child				
Sealants				
X-rays – Intraoral/Complete Series/Panoramic				
Basic[†]	80%	20%	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%	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.