

Orthodox HealthPlans Summary of Benefits

PPO Dental Plan

Plan Features	In-Network	Out-of-Network
Plan Deductible (per calendar year; Applies to all covered services)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Routine Oral Exams, Prophylaxis, Diagnostic X-Rays Fluoride Treatment (for dependent children to age 15)	100% (Deductible waived)	100% (Deductible waived)
General Dental Expenses*	90% after deductible	80% after deductible
Crown, Inlays, Gold Fillings Fixed Bridgework and Orthodontia	60% after deductible	50% after deductible
Calendar year maximum		\$1,500 per person
Orthodontia Lifetime Maximum		\$1,500 per person
Orthodontia Eligibility		Dependent children to age 19 only

*General Dental Expenses-Includes non-surgical extractions; fillings; general anesthetics; non-surgical endodontic treatment; non-surgical periodontal treatment; initial installation of dentures; space maintainers (dependent children only); repair or recementing of crowns, inlays, bridgework or dentures; relining of dentures; and administration of drugs for prevention, alleviation or cure of disease or pain.

This is a Summary of Plan Benefits Only. The Master Policy Contract holds more detailed information on coverage. In the event of any discrepancies, the Master Contract shall be binding, subject to State Mandates.