

Each calendar year, after the cash deductible is satisfied, this plan will pay the specified percentage of the covered charges, up to the

PLAN 1: *High Option*

Deductible: (Each Calendar Year)
\$50 per insured person
Maximum \$150 per family
No Deductible for Preventive Care

	What The Plan Pays*	Waiting Period (<i>period of time before benefits begin</i>)
<u>TYPE I:</u> PREVENTIVE • Exams • Cleanings • X-Rays • Fluoride • Space Maintainers	100% from the first day of coverage	None
<u>TYPE II:</u> BASIC CARE • Fillings • Oral Surgery • Extractions • Periodontics • Endodontics	60% in the first 12 months (<i>after the waiting period</i>) 70% in the second 12 months 80% thereafter	6 months
<u>TYPE III:</u> MAJOR CARE • Crowns • Bridges • Dentures	50%	12 months
<u>PLAN 1:</u> Annual Maximum:	\$1,000 per person	

For Services Provided OUTSIDE The Preferred Provider Network:

Charges in excess of the Fee Schedule maximums will not be considered covered charges.

The Fee Schedule means an allowable charge that has been contracted between the PPO and the Participating Provider.