

Fee Schedule allowance for such charge, as follows:

PLAN 2: *Low Option*

Deductible: (Each Calendar Year)
\$75 per insured person
Maximum \$225 per family
No Deductible for Preventive Care

	What The Plan Pays*	Waiting Period (period of time before benefits begin)
TYPE I: PREVENTIVE <ul style="list-style-type: none">• Exams• Cleanings• X-Rays• Fluoride• Space Maintainers	100% from the first day of coverage	None
TYPE II: BASIC CARE <ul style="list-style-type: none">• Fillings• Oral Surgery• Extractions• Periodontics• Endodontics	50%	6 months
TYPE III: MAJOR CARE <ul style="list-style-type: none">• Crowns• Bridges• Dentures	50%	18 months
PLAN 2: Annual Maximum:	\$1,000 per person	