

SUMMARY OF BENEFITS AND PAYMENT

The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of this Certificate.

| | PPO | PREMIER | NON-PAR |
|---|--------------------|-----------|-----------|
| Deductible* | \$25/\$50 | \$25/\$50 | \$25/\$50 |
| Annual Maximum | \$1,000 | \$1,000 | \$1,000 |
| Benefit Categories | COINSURANCE | | |
| Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services) | 00% | 00% | 00% |
| <ol style="list-style-type: none"> 1. Dental Cleaning 2. Oral Evaluation 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers | | | |
| Cavity Repair and Tooth Extractions (Routine and Restorative Services) | 20% | 20% | 20% |
| <ol style="list-style-type: none"> 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery | | | |

* Deductible for **Benefit Category: Check-Ups and Teeth Cleaning** will be waived for all providers.

| | PPO | PREMIER | NON-PAR |
|--|--------------------|---------|---------|
| Benefit Categories | Coinsurance | | |
| Root Canals (Endodontic Services) <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy | 20% | 20% | 20% |
| Gum and Bone Diseases (Periodontal Services) <ol style="list-style-type: none"> 1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy | 20% | 20% | 20% |
| High Cost Restorations (Cast Restorations) <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts and Cores | 50% | 50% | 50% |
| Dentures and Bridges (Prosthetics) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 3. Repairs and Adjustments | 50% | 50% | 50% |
| | 20% | 20% | 20% |