

Value PPO #2 (Open Access - No Ortho)

Benefit Period: January 1 through December 31

Benefits	Plan Pays	
	In-Network	Non-Network
Benefit Period Deductible	\$50/\$150	\$50/\$150
Benefit Period Maximum (per member)	\$1,000	\$1,000
Reimbursement Basis	Network allowable	Network allowable
Preventive Services		
Oral Exams (two per benefit period)	100%	100%
Bite Wing X-rays (two sets per benefit period)	100%	100%
Prophylaxis (cleaning - two per benefit period)	100%	100%
Sealants (one every rolling 36 months per tooth)	100%	100%
Basic Services		
Consultations and Other Exams by Specialist	50% after deductible	50% after deductible
Diagnostic X-rays	50% after deductible	50% after deductible
Composite or Amalgam Fillings	50% after deductible	50% after deductible
Emergency Palliative Treatment (includes emergency oral exam)	50% after deductible	50% after deductible
Minor Restorative Services	50% after deductible	50% after deductible
Repairs, Relines and Adjustments of Prosthetics (one every rolling 36 months; but not within six months of placement of a denture)	50% after deductible	50% after deductible
Simple Extractions	50% after deductible	50% after deductible
Endodontics/Pulp Services	50% after deductible	50% after deductible
Periodontal Services	50% after deductible	50% after deductible
Impactions (impacted tooth)	50% after deductible	50% after deductible
Minor Oral Surgery Services	50% after deductible	50% after deductible
General Anesthesia	50% after deductible	50% after deductible
Major Services		
Gold Foil Restoration (one every five years)	50% after deductible	50% after deductible
Inlays, Onlays (one every five years)	50% after deductible	50% after deductible
Crowns (one every five years)	50% after deductible	50% after deductible
Bridgework (pontics and abutments - one every five years)	50% after deductible	50% after deductible
Partial and Complete Dentures (one every five years)	50% after deductible	50% after deductible
Implants (one every five years)	50% after deductible	50% after deductible

No minimum participation required.

Out of Network reimbursement based on the allowable In Network fee schedule.

