

Value PPO #3 (Employer Sponsored - 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%	80%
Bite Wing X-rays (two sets per benefit period)	100%	80%
Prophylaxis (cleaning - two per benefit period)	100%	80%
Sealants (one every rolling 36 months per tooth)	100%	80%
Basic Services		
Consultations and Other Exams by Specialist	80% after deductible	50% after deductible
Diagnostic X-rays	80% after deductible	50% after deductible
Composite or Amalgam Fillings	80% after deductible	50% after deductible
Emergency Palliative Treatment (includes emergency oral exam)	80% after deductible	50% after deductible
Minor Restorative Services	80% 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)	80% after deductible	50% after deductible
Simple Extractions	80% after deductible	50% after deductible
Endodontics/Pulp Services	80% after deductible	50% after deductible
Periodontal Services	80% after deductible	50% after deductible
Impactions (impacted tooth)	80% after deductible	50% after deductible
Minor Oral Surgery Services	80% after deductible	50% after deductible
General Anesthesia	80% after deductible	50% after deductible
Major Services		
Gold Foil Restoration (one every five years)	Not covered	Not covered
Inlays, Onlays (one every five years)	Not covered	Not covered
Crowns (one every five years)	Not covered	Not covered
Bridgework (pontics and abutments - one every five years)	Not covered	Not covered
Partial and Complete Dentures (one every five years)	Not covered	Not covered
Implants (one every five years)	Not covered	Not covered

Employer Sponsored assumes minimum employer contribution of 50% of premium and minimum participation of 50% of eligible employees (not including spousal waivers).

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

