Benefits	Buy-Up Dental Plan		Core Dental Plan	
	In-Network (DPPO Advantage)	Out-of-Network (DPPO/Non-Network*)	In-Network (DPPO Advantage)	Out-of-Network (DPPO/Non-Network*)
Class I Cleanings, oral examinations, topical fluoride, applications, x-rays, space maintainers and sealants	100%	80%	100%	80%
Class II Fillings, simple extractions, crown, denture and bridge repair, endodontics, general anesthesia, oral surgery and periodontics	90%	70%	80%	50%
Class III Bridges and dentures, crowns, inlays and onlays	60%	50%	50%	40%
Class IV — Orthodontia	50%	50%	50%	50%
Deductible (waived for Class I): Per Person/Per Family	\$50 \$100	\$100 \$200	\$50 \$100	\$100 \$200
Annual Max. Benefit: Per Person	\$2,000	\$2,000	\$1,500	\$1,000
Orthodontia Lifetime Maximum: Per Person	\$2,000	\$1,500	\$1,000	\$1,000

Savings Example

This hypothetical example shows how receiving services from an in-network dentist can save you money.

Plan Option 1: Buy Up Dental Plan Your dentist says you need a crown, a Class III service Fee: \$375 • R&C Fee \$500 • Dentist's Usual Fee: \$600		Plan Option 2: Core Dental Plan Your dentist says you need a crown, a Class III service Fee: \$375 • R&C Fee \$500 • Dentist's Usual Fee: \$600		
Dentist's usual fee is: \$600	Dentist's usual fee is: \$600	Dentist's usual fee is: \$600	Dentist's usual fee is: \$600	
The fee is: \$375	The fee is: \$600	The fee is: \$375	The fee is: \$600	
Your plan pays:	Your plan pays:	Your plan pays:	Your plan pays:	
60% x \$375 fee -\$225	50% x \$500 R&C Fee -\$250	50% x \$375 fee -\$187.50	40% x \$500 R&C Fee -\$200	
Your out-of-pocket cost: \$150	Your out-of-pocket cost: \$350	Your out-of-pocket cost: \$187.50	Your out-of-pocket cost: \$400	
In this example, you save \$200 (\$350 minus \$150) by using a participating dentist		In this example, you save \$212.50 (\$400 minus \$187.50) by using a participating dentist		
Please note: These examples assu	ume that your annual deductible has b	een met.		