

	In the Network	Out of the Network
Deductible*—Before the plan pays, you'll pay all costs up to:		
Employee/Family	\$50/\$150	\$50/\$150
Coinsurance*—Once the deductible is met, the plan pays:		
Diagnostic and preventive services (deductible waived)	100%	70%
Basic dental services:		
Restorations	80%	60%
Simple extractions	80%	60%
Emergency treatment/general services	80%	60%
Endodontics	80%	60%
Periodontics	80%	60%
Oral surgery	80%	60%
Major dental services:		
Crowns and bridges	50%	40%
Dentures	50%	40%
Annual limits—This is the most the plan will pay in the plan year.	\$1,500	\$1,000
Orthodontic services:		
Child(ren) to age 19	50%	50%
Lifetime ortho maximum	\$1,000	\$1,000

For more information, please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits