



Orthodox HealthPlans Summary of Benefits

PPO Dental Plan

Plan Features

In-Network

Out-of-Network

Plan Deductible (per calendar year;
Applies to all covered services)

\$50 Individual
\$150 Family

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\$150 Family

Routine Oral Exams, Prophylaxis,
Diagnostic X-Rays
Fluoride Treatment (for dependent children to age 15)

100%
(Deductible waived)

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General Dental Expenses*

90% after deductible

80% after deductible

Crown, Inlays, Gold Fillings
Fixed Bridgework and Orthodontia

60% after deductible

50% after deductible

Calendar year maximum

\$1,500 per person

Orthodontia Lifetime Maximum

\$1,500 per person

Orthodontia Eligibility

Dependent children to age
19 only

*General Dental Expenses-Includes non-surgical extractions; fillings; general anesthetics; non-surgical endodontic treatment; non-surgical periodontal treatment; initial installation of dentures; space maintainers (dependent children only); repair or recementing of crowns, inlays, bridgework or dentures; relining of dentures; and administration of drugs for prevention, alleviation or cure of disease or pain.

This is a Summary of Plan Benefits Only. The Master Policy Contract holds more detailed information on coverage. In the event of any discrepancies, the Master Contract shall be binding, subject to State Mandates.