

	Plan A		Plan B		Plan C		Plan D		Plan E Incentive Group # 09446	Plan F Incentive Group # 09447	Child Ortho	Family Ortho	Plan G Voluntary Group # 09623	Plan H	
	Group #00352		Group # 00776		Group # 00777		Group #00778						Group # 09623	Group # 01073	
<b>Annual Deductible</b> Per Person - (Waived on Class I benefits) Family Maximum - (Waived on Class I benefits)  <b>Annual Maximum</b> (Per Calendar Year)	\$25		\$25		\$50		\$50		\$50	\$50			\$50	\$50	
	\$75		\$75		\$150		\$150		\$150	\$150			\$150	\$150	
	\$1,000		\$2,000		\$1,500		\$2,000		\$1,500	\$2,500	Lifetime Max \$1,000	Lifetime Max \$2,000	\$1,500	\$750	
	Available to Groups of 2+										Ortho is available for Groups of 10+ only		For groups of 2+ (No ortho)		For groups of 2+ (No ortho)
<b>Class I - Diagnostic &amp; Preventive</b>															
Class 1 services do not count towards the annual maximum	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In & Out of Network	In & Out of Network			In & Out of Network	In Network	Out of Network
Exams Cleanings Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	100%	80%	Incentive Start at 100% Down to 80%	Incentive Start at 100% Down to 80%	50%	50%	100%	100%	80%
<b>Class II - Restorative</b>															
Restorations / Fillings Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	80%	70%	80%	70%	Incentive Start at 90% Down to 70%	Incentive Start at 90% Down to 70%			80%	80%	70%
<b>Class III - Major</b>															
Crowns Dentures & Partial Bridges Implants	50%	50%	50%	50%	50%	40%	50%	40%	50%	50%			50%	0%	0%