

Group Name: Public Risk Management Dental PPO Plan 1

	Participating Dentist		Non-Participating Dentist	
Deductible (For Basic and Major Services Only)				
Per Person Per Plan Year	\$50		\$50	
Per Family Per Plan Year	\$100		\$100	
In-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.				
	BlueDental Choice Pays*	You Pay*	BlueDental Choice Pays*	You Pay**
Preventive†	100%	0%	100%	0%
Oral Evaluations (Exams)				
Bitewing X-rays				
Prophylaxis (Cleanings) – Adult/Child				
Fluoride Treatment – Child				
Sealants				
X-rays – Intraoral/Complete Series/Panoramic				
Basic†	80%	20%	80%	20%
Amalgam Restorations (Silver Fillings)				
Resin-Based Restorations – Anterior and Posterior				
Extractions – Routine and Surgical				
Root Canal Therapy				
Periodontal Treatment				
Osseous Surgery				
Major†	50%	50%	50%	50%
Crowns – Single Restorations				
Complete Dentures				
Partial Dentures				
Fixed Partial Dentures (Bridges)				
Orthodontia Services		Child(ren) to age 19		
Orthodontia Lifetime Maximum		\$1,500		
BlueDental Pays		50%		
Benefit Waiting Period		None		
Plan Year Maximum Benefit Per Person		\$1,500		

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

†Some limitations may apply.

*Percentage of fee schedule.

**Paid at percentile of Usual and Customary fees, plus balance of charges, if any.

Note: Non-Participating Dentists may charge fees in excess of our Usual & Customary and may bill you for the difference.

Revision 8/08/06