

**Dental Benefits**

	<b>PPO Network</b>	<b>PPO Non-Network</b>	<b>United Concordia Preferred</b>	<b>United Concordia Plus</b>	<b>Delta Dental PMI</b>
<b>Deductible</b>	\$25 per person per calendar year, \$75 per family per calendar year	\$25 per person per calendar year, \$75 per family per calendar year	<u>In Network:</u> \$25 per person per calendar year, \$75 per family per calendar year  <u>Out of Network:</u> \$100 per person per calendar year, \$300 per family per calendar year	No deductible	No deductible
<b>Coverage</b>	The Plan pays 100% of the Contracted Amount	The Plan pays 100% of the non-contract fee schedule (approximately 50% of charges)	The Plan pays 100% for network Dentists The Plan pays 50% for non-network dentists	The Plan pays 100% of most covered services	The Plan pays 100% of most covered services
<b>Dental Maximum</b>	<u>Adult (19 years of age and older):</u> \$6,200 in any two consecutive calendar year period*	<u>Adult (19 years of age and older):</u> \$6,200 in any two consecutive calendar year period*	\$3,000 per person, per year in network \$1,000 per person, per year out of network	No maximum	No maximum
<b>Orthodontia</b> <b>Must be provided by a Board eligible orthodontist</b>	The Plan pays 50% of charges up to lifetime maximum \$3,000 lifetime maximum* Treatment cost limited to \$6,000 Coverage available only to dependent children	The Plan pays 50% of charges up to lifetime maximum \$3,000 lifetime maximum* No limitation on treatment cost Coverage available only to dependent children	The Plan pays 50% up to lifetime maximum \$2,000 lifetime maximum Coverage available only to dependent children	Refer to the Plan Schedule of Benefits from Fund Office No calendar year maximum Coverage available to dependent children and adults	Refer to the Plan Schedule of Benefits from Fund Office No calendar year maximum Coverage available to dependent children and adults

\*Effective June 1, 2017