

		<b>Dental Pay Plus - Starter</b>	
<b>Deductible</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
Single	Not Applicable	\$50	
Family	Not Applicable	\$150	
<b>Annual Maximum</b>			
Per Person	\$1,000	\$1,000	
<b>Preventative Services</b>			
Routine Exams	100%	80%	
Cleanings	100%	80%	
X-rays	100%	80%	
Fluoride Treatments	100%	80%	
<b>Minor Restorative</b>			
Extractions	80%	50%	
Fillings	80%	50%	
Oral Surgery	80%	50%	
Stainless & acrylic crowns	80%	50%	
Local anesthesia	80%	50%	
<b>Major Restorative</b>			
Endodontics	Not Covered	Not Covered	
Periodontics	Not Covered	Not Covered	
Porcelain crowns	Not Covered	Not Covered	
Bridgework	Not Covered	Not Covered	
Dentures Placement & Repair)	Not Covered	Not Covered	
General anesthesia	Not Covered	Not Covered	
Orthodontia	Not Covered	Not Covered	
Dependent/Student to Age	19/23	19/23	
<b>Quarterly Premium</b>			
Single	<b>\$107.63</b>		
Family	<b>\$269.51</b>		

		<b>Dental Pay Plus - Level 1</b>	
<b>In-Network</b>	<b>Out-of-Network</b>		
Not Applicable	\$50		
Not Applicable	\$150		
\$1,000	\$1,000		
100%	80%		
100%	80%		
100%	80%		
100%	80%		
80%	50%		
80%	50%		
80%	50%		
80%	50%		
80%	50%		
50%	50%		
50%	50%		
50%	50%		
50%	50%		
50%	50%		
50%	50%		
Not Covered	Not Covered		
19/23	19/23		
<b>Quarterly Premium</b>			
<b>\$135.83</b>			
<b>\$334.22</b>			

<b>BlueCross BlueShield Dental PPO</b>	
<b>In-Network Only</b>	
\$50	
\$150	
\$1,000	
100%	
100%	
100%	
100%	
<b>6 Month Waiting Period</b>	
80%	
80%	
80%	
80%	
80%	
<b>6 Month Waiting Period</b>	
80%	
50%	
50%	
50%	
50%	
50%	
50%	
50%	
50%	
50%	
<b>(\$1,000 Lifetime Maximum)</b>	
23/23	
<b>Quarterly Premium</b>	
<b>\$169.99</b>	
<b>\$407.92</b>	