

Benefit Summary

SYCAMORE TOWNSHIP - CLGBP GROUP

Product: DPPO
Network: DPPO-Dentaselect
Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$2,000.00 per member
Orthodontic Lifetime Maximum Benefit: \$1,000.00 per eligible member
 Limited to eligible dependent children under the age of 19

Deductible: \$25.00 In-Network / \$25.00 Out-of-Network per member, per benefit year
 \$75.00 In-Network / \$75.00 Out-of-Network per family, per benefit year

The deductible applies to Basic and Major Benefits only. Any deductible amount that is satisfied will be applied toward both the In-Network and Out-of-Network deductibles

Covered Dental Services	Deductible Applied	In-Network Percentage of Allowable Expense Paid by the Plan	In-Network Member Copayment	Out-of-Network Percentage of Allowable Expense Paid by the Plan	Out-of-Network Member Copayment
Preventive Benefits	No	100%	0%	100%	0%
Basic Benefits	Yes	80%	20%	80%	20%
Major Benefits	Yes	80%	20%	80%	20%
Orthodontia Benefits	No	60% Limited to eligible dependent children under the age of 19	40%	60% Limited to eligible dependent children under the age of 19	40%

Out-of-Network claims are reimbursed at the Advantage 900 level.
Endodontic Services are covered as Basic benefits.
Periodontic Services are covered as Basic benefits.
Sealants are covered as Basic benefits.

Dependent children are eligible for coverage to age 26.

A complete description of benefits, limitations, and exclusions are available in the Certificate of Insurance.
Members who receive services from a non-participating provider are subject to balance billing.