

# Benefit Details

## High PPO Plan

High PPO Plan	In Network Coverage	Out of Network Coverage
Calendar Year Deductible ( <b>You Pay</b> )	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Benefit Maximum ( <b>Plan Pays up to</b> )	\$2,000	\$2,000
	<b>You Pay</b>	
Preventive Services	\$0 (no deductible applies)	Amount over in network allowance (overage) – no deductible applies
Cleanings Available	Once every 6 months	Once every 6 months
Basic Services	20% after deductible	20% after deductible and overage
Major Services	50% after deductible	50% after deductible and overage
Maximum Rollover	Included	Included
Orthodontia Services	50% up to \$1,000/ <b>child*</b>	50% up to \$1,000/ <b>child*</b>