

Benefit Details

Low PPO Plan

Low PPO Plan	In Network Coverage	Out of Network Coverage
Calendar Year Deductible (You Pay)	\$50 Individual \$150 Family	\$75 Individual \$225 Family
Calendar Year Benefit Maximum (Plan Pays up to)	\$1,000	\$1,000
	You Pay	
Preventive Services	\$0 (no deductible applies)	Deductible and amount over in network allowance (overage)
Cleanings Available	Once every 6 months	Once every 6 months
Basic Services	10% after deductible	20% after deductible and overage
Major Services	60% after deductible	75% after deductible and overage
Maximum Rollover	Included	Included
Orthodontia Services	Not Covered	Not Covered