

Dental Benefits:

	Core Plan	Buy-Up Plan
Calendar Year Deductible	\$50 individual \$150 family	\$25 individual \$75 family
Calendar Year Maximum Benefit	\$1,000 per person	\$1,500 per person
Preventive Care <i>(Office visit exam, X-rays, cleanings)</i>	Fully covered, and no deductible	Fully covered, and no deductible
Basic Care <i>(fillings, root canal therapy, oral surgery)</i>	You pay 20% coinsurance after deductible	You pay 20% coinsurance after deductible
Major Services <i>(extractions, crowns, inlays, onlays, bridges, dentures, repairs)</i>	You pay 50% coinsurance after deductible	You pay 50% coinsurance after deductible
Orthodontia <i>(Children only)</i>	Not covered	You pay 50% (deductible waived); up to \$1,500 lifetime maximum