

Fayette County Schools PPO High Plan (00781803)

Product:	DPPO
Network:	DentaSelect Plus
Benefit Year:	The 12 month period beginning January 1st and ending December 31st (calendar year)
Annual Maximum Benefit:	\$1200 per Member
Orthodontic Lifetime Maximum Benefit:	\$1000 per Eligible Member Limited to eligible dependent children under age 19
Deductible:	Deductible for services provided by an In-Network Provider \$50 per Member, per Benefit Year \$150 per Family, per Benefit Year Deductible for services provided by an Out-of-Network Provider \$50 per Member, per Benefit Year \$150 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		Out-of-Network	
		Percentage of Allowable Expense Paid by the Plan	Member Copayment	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None	100%	None
Basic Benefits	Yes	80%	20%	80%	20%
Major Benefits	Yes	50%	50%	50%	50%
Orthodontic Benefits	No	50% <small>Limited to eligible dependent children under age 19</small>	50%	50% <small>Limited to eligible dependent children under age 19</small>	50%

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 Preventive Benefits.

Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of covered services, limitations and exclusions is available in the Certificate of Insurance.

Members who receive services from a non-participating provider are subject to balance billing.

**For more information, contact your benefits administrator
or visit DentalCarePlus.com.**

T H E P L U S I S S E R V I C E