### Value PPO #1 (Employer Sponsored - With Ortho)

**Benefit Period:** January 1 through December 31

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Period Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Benefit Period Maximum (per member)</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Reimbursement Basis</td>
<td>Network allowable</td>
<td>Network allowable</td>
</tr>
</tbody>
</table>

#### Preventive Services

- **Oral Exams (two per benefit period)**
  - In-Network: 100%
  - Non-Network: 100%
- **Bite Wing X-rays (two sets per benefit period)**
  - In-Network: 100%
  - Non-Network: 100%
- **Prophylaxis (cleaning - two per benefit period)**
  - In-Network: 100%
  - Non-Network: 100%
- **Sealants (one every rolling 36 months per tooth)**
  - In-Network: 100%
  - Non-Network: 100%

#### Basic Services

- **Consultations and Other Exams by Specialist**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Diagnostic X-rays**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Composite or Amalgam Fillings**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Emergency Palliative Treatment (includes emergency oral exam)**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Minor Restorative Services**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Repairs, Relines and Adjustments of Prosthetics (one every rolling 36 months; but not within six months of placement of a denture)**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Simple Extractions**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Endodontics/Pulp Services**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Periodontal Services**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Impactions (impacted tooth)**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **Minor Oral Surgery Services**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible
- **General Anesthesia**
  - In-Network: 80% after deductible
  - Non-Network: 80% after deductible

#### Major Services

- **Gold Foil Restoration (one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible
- **Inlays, Onlays (one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible
- **Crowns (one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible
- **Bridgework (pontics and abutments - one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible
- **Partial and Complete Dentures (one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible
- **Implants (one every five years)**
  - In-Network: 50% after deductible
  - Non-Network: 50% after deductible

#### Orthodontia

- **Orthodontics**
  - In-Network: 50%
  - Non-Network: 50%
- **Orthodontics Lifetime Maximum (per member)**
  - In-Network: $1,000
  - Non-Network: $1,000

Employer Sponsored assumes minimum employer contribution of 50% of premium and minimum participation of 50% of eligible employees (not including spousal waivers).

Out of Network reimbursement based on the allowable In Network fee schedule.