

## Benefit Summary

### THE CHRIST HOSPITAL HEALTH NETWORK

Dental Plan 1  
HMO Plan

**Benefit Plan Number:** D359

**Benefit Year:** The 12 month period beginning January 1st and ending December 31st (calendar year)

**Annual Maximum Benefit:** \$1500 per Member

**Orthodontic Lifetime Maximum Benefit:** \$1500 per Eligible Member  
Limited to eligible dependent children under age 19.

**Deductible:** \$50 per Member, per Benefit Year  
\$150 per Family, per Benefit Year  
The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	80%	20%
Major Benefits	Yes	60%	40%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19.	50%

**Endodontic Services are covered as Basic Benefits.**

**Periodontic Services are covered as Basic Benefits.**

**Sealants are covered as Basic Benefits.**

**Dependent children are eligible for coverage until age 26.**

**A complete description of benefits, limitations and exclusions are available in the Summary Plan Description.**

**Members must receive services from a Dental Care Plus dentist.**