



Benefit Summary

THE CHRIST HOSPITAL HEALTH NETWORK

Dental Plan 2 HMO Plan

Benefit Plan Number: D360

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

Annual Maximum Benefit: \$750 per Member

Orthodontic Lifetime Maximum Benefit: \$0 per Eligible Member

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	50%	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.