

## Benefit Summary

### The Christ Hospital Health Network - Buy Up PPO

**Product:** DPPO

**Network:** DentaSelect Plus

**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:** 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	60%	40%	60%	40%
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 Defined 800 level.**

**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 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.**