

**Benefit Summary**

**The Christ Hospital Health Network - Core  
PPO**

**Product:** DPPO

**Network:** DentaSelect Plus

**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:** N/A

**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%

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.