

0539 - Diocese of Missouri	Dental Benefits								
	Dental Dental								
	Basic PPO Plan			Comprehensive PPO Plan			Premium PPO Plan		
	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network
<i>Annual Deductible</i>	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$100 per person / \$300 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$50 per person / \$150 per family
<i>Annual Benefit Maximum (Plan maximums cross-accumulate between the PPO Network, Premier Network, and out-of-network dentists)</i>	\$2,000	\$1,500	\$1,000	\$2,500	\$2,000	\$1,500	\$3,000	\$2,500	\$2,000
<i>Diagnostic and Preventive Services (e.g., exams, cleanings, x-rays, sealants and space maintainers)</i>	You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible) plus any balance billing	You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible) plus any balance billing	You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible) plus any balance billing
<i>Basic Services (Includes fillings, simple extractions, root canals, oral surgery, and denture reline/repair/rebase)</i>	You pay 20% coinsurance	You pay 20% coinsurance	You pay 30% coinsurance plus any balance billing	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance plus any balance billing	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance plus any balance billing
<i>Major Services (Includes crowns, bridges, and dentures)</i>	You pay 60% coinsurance	You pay 60% coinsurance	You pay 99% coinsurance plus any balance billing	You pay 50% coinsurance	You pay 50% coinsurance	You pay 60% coinsurance plus any balance billing	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance plus any balance billing
<i>Orthodontic Services</i>	Not covered. You pay 100%.	Not covered. You pay 100%.	Not covered. You pay 100%.	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 60% coinsurance up to individual lifetime benefit limit of \$1,000 after \$100 lifetime deductible plus any balance billing	You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000	You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000	You pay 60% coinsurance up to individual lifetime benefit limit of \$1,500 after \$50 lifetime deductible plus any balance billing