

Dental Plan - Aetna

July 1, 2008 - June 30, 2009

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

	DMO	Passive PPO
Deductible- applies to basic and major services only	None	Individual - \$50 Family - \$150
Office Visit Copay Per Visit	\$5	None
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Annual Maximum	None	\$1000
Orthodontia	Not covered	
Out of Area Emergency Care	Reimbursement up to \$100 if provider is more than 50 miles away from Member's home	