

	PLAN 210		PLAN 211	
	Participating Dentists	Nonparticipating Dentists	Participating Dentists	Nonparticipating Dentists
	Premier Network (1,200+ Dentists)		Premier Network (1,200+ Dentists)	
<b>DIAGNOSTIC AND PREVENTIVE<sup>2</sup></b>	100%	100% <sup>3</sup>	100%	100% <sup>3</sup>
<b>BASIC<sup>2</sup></b>	80% after deductible	80% <sup>3</sup> after deductible	80% after deductible	80% <sup>3</sup> after deductible
<b>MAJOR RESTORATIVE<sup>2</sup></b>	50% after deductible	50% <sup>3</sup> after deductible	50% after deductible	50% <sup>3</sup> after deductible
<b>ORTHODONTIC<sup>2</sup></b>	Not a benefit		50% <sup>3</sup> (for dependent children to age 26)	
<b>LIFETIME ORTHODONTIC MAXIMUM</b>	Not a benefit		\$1,000 limit per child	
<b>DEDUCTIBLE</b> Per Person/Family per Calendar Year	\$50/\$150 (waived on diagnostic & preventive)		\$50/\$150 (waived on diagnostic & preventive)	
<b>ANNUAL MAXIMUM BENEFIT</b> Per Person/Per Calendar Year	\$1,000		\$1,000	

	PLAN 214			PLAN 215		
	Participating Dentists		Nonparticipating Dentists	Participating Dentists		Nonparticipating Dentists
	Preferred Network (500+ Dentists)	Premier Network (1,200+ Dentists)		Preferred Network (500+ Dentists)	Premier Network (1,200+ Dentists)	
<b>DIAGNOSTIC AND PREVENTIVE<sup>2</sup></b>	100%	80%	80% <sup>3</sup>	100%	80%	80% <sup>3</sup>
<b>BASIC<sup>2</sup></b>	80% after deductible	60% after deductible	60% <sup>3</sup> after deductible	80% after deductible	60% after deductible	60% <sup>3</sup> after deductible
<b>MAJOR RESTORATIVE<sup>2</sup></b>	50% after deductible	40% after deductible	40% <sup>3</sup> after deductible	50% after deductible	40% after deductible	40% <sup>3</sup> after deductible
<b>ORTHODONTIC<sup>2</sup></b>	Not a benefit			50% <sup>3</sup> (for dependent children to age 26)		
<b>LIFETIME ORTHODONTIC MAXIMUM</b>	Not a benefit			\$1,000 limit per child		
<b>DEDUCTIBLE</b> Per Person/Family per Calendar Year	\$50/\$150 (waived on diagnostic & preventive)			\$50/\$150 (waived on diagnostic & preventive)		
<b>ANNUAL MAXIMUM BENEFIT</b> Per Person/Per Calendar Year	\$1,000			\$1,000		

1. SelectHealth Dental is a product of SelectHealth Benefit Assurance Company.
2. Percentages shown are allowable amounts covered by SelectHealth Dental.
3. Members may be responsible for excess charges from nonparticipating dentists not covered by SelectHealth Dental.