

Plan Benefits List

Plan	Carrier	Coverage	Effective	Location
Vol PPO 50/150/Unlimited 100/80/50 IN 80/50/50 OUT INFS 14 PEB	Humana (CA)	Dental	12/1/2018	CA
DEDUCTIBLE	PPO	Out of Network		
Individual:	\$50	\$50		
Family:	\$150	\$150		
Waived for Preventive:	Yes	Yes		
ELIGIBILITY	PPO	Out of Network		
Group Size Dental Services:	2-99 Enrolled	2-99 Enrolled		
Group Size Ortho:	2-99 Enrolled	2-99 Enrolled		
WAITING PERIODS	PPO	Out of Network		
Major:	10-99 enrolled: None 2-9 enrolled: 12 Months	10-99 enrolled: None 2-9 enrolled: 12 Months		
Waived for major if there was prior group coverage?:	10-99 enrolled: N/A 2-9 enrolled: Yes	10-99 enrolled: N/A 2-9 enrolled: Yes		
Ortho:	None	None		
DENTAL SERVICES	PPO	Out of Network		
Preventive Care:	100%	80% of In Network Fee Schedule		
Basic Services:	80%	50% of In Network Fee Schedule		
Major Services:	50%	50% of In Network Fee Schedule		
Periodontal Surgery:	Basic	Basic		
Endodontic Surgery:	Basic	Basic		
ORTHO	PPO	Out of Network		
Co-pay:	Not Applicable	Not Applicable		
Orthodontics:	Not Covered	Not Covered		
Takeover:	Not Applicable	Not Applicable		
BENEFIT MAXIMUMS	PPO	Out of Network		
Annual Benefit Max:	Unlimited	Unlimited		
Lifetime - Ortho:	Not Applicable	Not Applicable		