



specialists in cost effective dental benefits

THE VALUE EPO PLAN

(100%-90%-60% coverage with \$1,500 annual maximum)

Plan Benefits	PPO Dentist	Non PPO Dentist
Who's Covered	Primary enrollee working at least 30 hours/week, spouse, and dependent children to age 19 plus dependent full-time students to age 24	
Deductible (per calendar year)	None	No benefit out of network
Maximum Annual Benefit per Calendar Year	\$1,500	No benefit out of network
Waiting Periods	None	
Diagnostic and Preventive Benefits Oral exams (one per year), Xrays, cleanings (two per year), biopsy exams, fluoride treatment and sealants (for children up to age 18 only), space maintainers, specialist consultations	100% of PPO fee schedule covered by plan	No benefit out of network
Basic Benefits Oral surgery, extractions, fillings, periodontal treatment, and endodontic treatment (root canals)	90% of PPO fee schedule	No benefit out of network
Major Services Crowns, cast restorations, bridges, partial dentures, and full dentures (the standard plan document will specify certain limitations on these services such as replacement of crowns once every 5 years)	60% of PPO fee schedule	No benefit out of network
Maximum Allowable Charge	PPO fee schedule; patients will NOT be balance billed if a dentist's fees exceed the PPO fee schedule	No benefit out of network
Choice of Dentists	Any PPO participating dentist or specialist	No benefit out of network
Projected Self Funding Rates (may vary based on actual census data) Employee Employee Plus Spouse Family	 \$25.29 \$45.78 \$54.18	No benefit out of network
Projected Self Funding Rates with Orthodontic Option Added Employee Employee Plus Spouse Family	 \$30.35 \$54.94 \$65.02	No benefit out of network

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Orthodontic Option Benefits Annual lifetime maximum (per person)	50% of PPO fee schedule \$1,500
COBRA Rates	Add 2% to above self funding levels
Services Not Covered	Services for injuries or conditions covered under Workers Compensation Insurance; cosmetic services; dental services to correct congenital conditions; experimental procedures; therapeutic drugs, pre-medication, or pain relievers; hospital costs or extra charges for hospital treatment; anesthesia (except for general anesthesia that is covered for medical necessity); extra-oral grafts, implants, or related services; treatment related to TMJ and related conditions
Plan Reserves	Self funding estimates are projected to cover all costs for dental claims and third party administration; if utilization is lower than projected, excess plan reserves can be rolled into subsequent years and self funding levels can be adjusted downward to reflect actual utilization for the specific group

Submit complete census to PESC Administrators for a more precise quote of self-funding levels for the Value EPO Plan.