

Benefit Summary

LAKOTA LOCAL SCHOOLS

Product: DPPO

Network: DentaSelect

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$2500 per Member

Orthodontic Lifetime Maximum Benefit: \$1800 per Eligible Member
Limited to subscriber, spouse, and eligible dependent children under age 26.

Deductible: Deductible for services provided by an In-Network Provider

\$25 per Member, per Benefit Year
\$50 per Family, per Benefit Year

Deductible for services provided by an Out-of-Network Provider

\$25 per Member, per Benefit Year
\$50 per Family, per Benefit Year

The deductible applies to Basic and Major Benefits only
Any deductible amount that is satisfied will be applied toward both the In-Network and Out-of-Network deductibles

Covered Dental Services	Deductible Applied	In Network		Out-of Network	
		Percentage of Allowable Expense Paid by the Plan	Member Copayment	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None	100%	None
Basic Benefits	Yes	80%	20%	80%	20%
Major Benefits	Yes	60%	40%	60%	40%
Orthodontic Benefits	No	60% <small>Limited to subscriber, spouse, and eligible dependent children.</small>	40%	60% <small>Limited to subscriber, spouse, and eligible dependent children.</small>	40%

Out of network claims are reimbursed at the 95th level.

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Preventive Benefits.

Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of benefits, limitations and exclusions are available in the Summary Plan Description.

Members must receive services from a Dental Care Plus dentist.