

Classic PPO A Plan Design 5 to 49 Employees

Procedures Payment basis	PPO A	
	In-Network PPO Fee	Out-of-Network PPO Fee
D&P	100%	100%
Basic	80%	80%
Crowns and Cast	50%	50%
Prosthodontics	50%	50%
Calendar year deductible	\$50 per person	
Calendar year maximum	\$1,000, \$1,500 or \$2,000	
Optional Ortho – children only	50%	
Ortho – lifetime maximum	\$1,000 per patient	

***Formerly PPO**

Classic PPO B Plan Design 5 to 49 Employees

Procedures Payment basis	PPO B	
	In-Network PPO Fee	Out-of-Network Premier Fee
D&P	70%	50%
Basic	70%	50%
Crowns and Cast	50%	50%
Prosthodontics	50%	50%
Calendar year deductible	None	
Calendar year maximum	\$1,000, \$1,500 or \$2,000	
Optional Ortho – children only	50%	
Ortho – lifetime maximum	\$1,000 per patient	

***Formerly Premier 50**

Classic PPO C Plan Design 5 to 49 Employees

Procedures Payment basis	PPO C	
	In-Network PPO Fee	Out-of-Network Premier Fee
D&P	100%	100%
Basic	80%	80%
Crowns and Cast	60%	50%
Prosthodontics	60%	50%
Calendar year deductible	\$25 per person	\$50 per person
Calendar year maximum	\$1,000, \$1,500 or \$2,000	
Optional Ortho – children only	50%	
Ortho – lifetime maximum	\$1,000 per patient	

***Formerly Premier 100**