THE DENTAL PLAN

The following chart shows the services covered under the two dental plan options.

	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
General Information		
Aetna network	Dental PPO/PDN with PPO II Network	Dental PPO/PDN with PPO II Network
Deductible	\$ 50/Employee-Only \$100/Employee + Spouse \$150/Employee + Child(ren) \$150/Employee + Family	None
Plan year maximum	\$1,750/person	None
For the following treatments and services, the dental plan options pay:		
Covered Services		
Diagnostic and preventive care	100%	100%
Basic services*	80%	Not covered
Major services*	50%	Not covered
Orthodontia		
- Adults	50%	Not covered
– Children	50%	Not covered
– Lifetime maximum	\$1,750	Not covered

^{*} Benefits are paid after the deductible is met. For details on covered treatments and services, visit <u>www.mycpchembenefits.com</u>.