	In-network	Out-of-network
Deductible	$50 per person / $100 per family per calendar year None for Diagnostic/Preventative and Orthodontic services	$75 per person / $150 per family per calendar year None for Diagnostic/Preventative and Orthodontic services
Coinsurance What the plan will pay	100% Diagnostic and Preventative 80% Basic Restorative / 65% Major Restorative 50% Periodontics, Prosthodontics	90% Diagnostic and Preventative 70% Basic Restorative / 55% Major Restorative 40% Periodontics, Prosthodontics
Copayments	None	None
Annual Benefit Maximum	$3,000 (Maximum of $3,000 combined in and out-of-network) per member annually (excluding orthodontics) $1,000 (lifetime) per child for orthodontics	$2,000 (Maximum of $3,000 combined in and out-of-network) per member annually (excluding orthodontics) $750 (lifetime) per child for orthodontics
Provider Limitations	Must use participating dentist	Any licensed dentist

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