

			\$0	\$0
	\$2,000 per person per Calendar Year	\$2,000 per person per Calendar Year	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
		None		
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)
Annual Deductible Applies to Orthodontic Services			No	
Orthodontic Eligibility Requirement			Child Only (Up to Age 19)	
CMM-Annual Roll-Over			Yes	

	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES
			See Exclusions and Limitations section for benefit guidelines.
	100%	100%	
	100%	100%	
	100%	100%	See Exclusions and Limitations section for benefit guidelines.
	100%	100%	
	100%	100%	
	100%	100%	
	80%	80%	See Exclusions and Limitations section for benefit guidelines.
	80%	80%	
	80%	80%	
	80%	80%	
	80%	80%	
	50%	50%	See Exclusions and Limitations section for benefit guidelines.
	50%	50%	
	50%	50%	
	50%	50%	

