BENEFIT SUMMARY ELITE 2000SR

PLAN P5004

SMALL GROUP SHELF RATED PPO PLUS | GROUP SIZE 2-25

CALENDAR-YEAR AGGREGATE MAXIMUM		LIFETIME MAXIMUM ORTHODONTIC SERVICES	INDIVIDUAL DEDUCTIBLE	MAXIMUM FAMILY DEDUCTIBLE (3 FAMILY MEMBERS)
In Network	Out of Network		Minor & Major	Minor & Major
$2,000	$1,500	$2,000	$50	$150

	In Network/You Pay	Out of Network/You Pay
DIAGNOSTIC & PREVENTIVE SERVICES (not subject to deductible)		
Exams	0%	10%
Radiographic Images (X-rays)	0%	10%
Fluoride Treatment	0%	10%
Prophylaxis (cleaning)	0%	10%
Sealants	0%	10%
MINOR (BASIC) RESTORATIVE SERVICES		
Fillings	20%	30%
Extractions	20%	30%
Non-Surgical Periodontics	20%	30%
Endodontics (root canals)	20%	30%
Oral Surgery	20%	30%
Anesthesia	20%	30%
MAJOR RESTORATIVE SERVICES		
Surgical Periodontics	50%	60%
Inlays, Onlays, Crowns	50%	60%
Partials and Dentures	50%	60%
Implants	50%	60%
ORTHODONTIC SERVICES limited to covered persons through age 18 (not subject to deductible)		
Diagnostic, Active, Retention Treatment	50%	60%
DENTAL XTRA (included)		
MAXIMUM ROLLOVER (included)		

PPO dental providers have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentist's billed charge and the contract benefits paid by Dental Plan is the responsibility of the member.

To find a dentist anywhere in the United States, go to **arkansasbluecross.com** and select "Find a Doctor"

Your Dental Customer Service phone number: 1-888-223-4999

Arkansas **BlueCross BlueShield**

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