

## **HOW THE PLAN WORKS**

### ***Understanding Your Options Under the Plan***

There are two coverage options available under the Dental Plan:

**Traditional option** – This option pays 100% of **reasonable and customary charges** for **covered** diagnostic and preventative services under Type A, such as routine oral exams and cleaning and scaling of teeth. Benefits for other **covered** expenses as listed under Type B, such as fillings, crowns and orthodontia, are paid according to geographic schedules and are subject to an annual maximum after a lifetime deductible has been met. See Appendix A for more information about Type A and Type B services.

**DMO** – This option provides coverage through participating personal and specialty dentists with no deductible and lower out-of-pocket expenses for most services. This option covers 100% of certain basic and specialty services and 75% of others as detailed in the Plan Document and summarized in “Appendix B.” The **DMO** covers 50% of eligible charges for orthodontic treatment. See “Appendix B” for benefit limits on services provided by non-participating dentists.

### ***Changing to or From the DMO***

You can change from the **Traditional option** to the **DMO** (or from the **DMO** back to the **Traditional option**) at any time, but not more than once a month. You must call the **Claims Administrator** (see “Important Contacts”) to make the change. If you call by the 15th of the month, the change will take effect on the first day of the following month.