	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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