Plan: S1008 Type: VOLUNTARY

	Services & Materials	Amount
In-Network Copay	Exam	$10
	Materials	$25
Allowances	Frame	$130
	Elective Contact Lens	$105
Frequencies	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos
	Frame	1 x per 24 mos
Out-of-Network Reimbursement	Exam	Up to $40
	Eyeglass Lenses	Up to $80
	Frame	Up to $45

Plan: P5424 [1] / Type: VPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	$1,500 / $1,500
	Ortho Lifetime	$1,000 / $1,000
Deductible	Individual/Family	$50 / $150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 100%
	Minor Restore	80% / 80%
	Endo/Perio/Oral*	80% / 80%
	Major Services	50% / 50%
	Orthodontia	50% / 50%