

*Diocese of Cleveland*  
**DENTAL BENEFIT COMPARISON**

	STANDARD PLAN	PPO PLAN		HIGH OPTION PPO PLAN (BUY UP)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$750	\$1000		\$1250	
Deductible	\$50 Individual \$150 Family	\$100 per Individual		\$50 Individual \$150 Family	
Emergency Palliative Treatment	80% traditional amount	100%		100%	
Preventive Services (Annual Cleanings, Exams & Bitewing X-Rays, etc.)	80% traditional amount (No Deductible)	100% (No Deductible)	50% traditional amount	100% (No Deductible)	50% traditional amount
Essential Services (Fillings, Root Canals, Extractions)	50% traditional amount	70%	50% traditional amount	80%	50% traditional amount
Periodontal Surgery	50% traditional amount	70%	50% traditional amount	60%	50% traditional amount
Complex Services (Crowns, Partials)	50% traditional amount	60%	50% traditional amount	60%	50% traditional amount
Orthodontia (dependent Children only to the age of 18)	50% traditional amount (\$100 Deductible)	60% (No Deductible)	50% (\$100 Deductible)	60% (No Deductible)	50% (\$100 Deductible)
Orthodontia Lifetime Max	\$750	\$750		\$750	

Please note: This is not intended to represent a complete listing of all benefits, limitations and exclusions.