

Summary of Benefits

PPO Dental Summary of Benefits

On-shore Contract Situs

Global Assignee Plan

Proposed Policy Year: 01/01/2024 through 12/31/2024

Access US PPO Dental			
PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Type A Expense <i>(Diagnostic & Preventive)</i>	No Charge	No Charge	No Charge
Type B Expense <i>(Basic Restorative)</i>	20% after deductible	20% after deductible	20% after deductible
Type C Expense <i>(Major Restorative)</i>	50% after deductible	50% after deductible	50% after deductible
Calendar Year Maximum	\$1,000	\$1,000	\$1,000
Orthodontic Treatment <i>Coverage for Adults and Dependents</i>	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000
<i>Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C</i>			

Dental Plan Caveats
<p>Access US PPO Dental</p> <p>Type A <i>Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.</i></p> <p>Type B <i>Includes Fillings, Simple Extractions and Oral Surgery.</i></p> <p>Type C <i>Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only).</i></p>