			\$0	\$0	
	\$2,000 per person per Calendar Year	\$2,000 per person per Calendar Year	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime	
		No	None		
nnual deductible applies to preventive and diagnostic	services		No (In Network)	No (Out Network)	
nnual Deductible Applies to Orthodontic Services			No		
Orthodontic Eligibility Requirement	Child Only (Up to Age 19)				
CMM-Annual Roll-Over			Yes		
WW-Allida Koll-Ovel		NON-NETWORK PLAN			
	NETWORK PLAN PAYS**	PAYS***	BENEFIT GI	JIDELINES	
			See Exclusions and Limitati guidelines.	ons section for benefit	
	100%	100%			
	100%	100%			
	100%	100%	See Exclusions and Limitations section for benefit guidelines.		
	100 /6	100 /6			
	100%	100%			
	100%	100%			
	100%	100%			
	80%	80%	Soo Evolusions and Limitati	one section for honofit	
	00 /6	00 /6	See Exclusions and Limitations section for benefit guidelines.		
	80%	80%			
	80%	80%			
	80%	80%			
	80% 80%	80% 80%			
	00%	00%			
	50%	50%	See Exclusions and Limitations section for benefit guidelines.		
	50%	50%			
	50%	50%			
	50%	50%			