Summary of benefits.

DentaSpan
Underwritten by DCP, Inc.

	Pediatric Only Coverage Plans		Family Coverage Plans	
	Pediatric High Option	Pediatric Low Option	Family High Option	Family Low Option
Child	$27.46	$24.50		
Children	$45.31	$40.42		
Employee			$20.19	$17.59
Employee+Spouse			$40.38	$35.17
Employee+Child(ren)			$58.64	$51.88
Family			$85.69	$75.59
	Pediatric High Option	Pediatric Low Option	Family High Option	Family Low Option
Copay*	N/A	$10	N/A	$10
Deductible*	$50 per covered individual	$50 per covered individual	$50 one covered individual $150 three or more covered individuals	$50 one covered individual $150 three or more covered individuals
Preventive Services*	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services*	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
Major Services*	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Medically Necessary Orthodontia*	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Maximum Out-of-Pocket	$350 one child $700 two or more children	$350 one child $700 two or more children	$350 one child $700 two or more children	$350 one child $700 two or more children
Annual Benefit Max (19 and over)	N/A	N/A	$1,000	$1,000

Contact Information

- Questions related to member services (benefits and claims) should be directed to **DentaQuest member services at (844) 254-9466**.
- Additional information can be found by visiting **DentaSpan.com**.
- Search for participating providers by using our Find a Dentist tool at: **hixfadpa.dentalcareplus.com**.

*Note: Out-of-network providers are permitted to charge for the difference between the allowed amount and out-of-network provider's billed charges. You may be required to pay more for services obtained from an out-of-network provider than for the same services provided by an in-network provider.