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|----------|----------|----------------------------|------|------|--------------------------|
| 70%-100% | 70%-100% | 70% - 100% Based on UCR | 100% | 100% | 100% Based on UCR *** |
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Includes: Oral Exams, Full Mouth Panoramic X-Rays, Misc. X-rays, Prophylaxis, Fluoride

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|----------|----------|----------------------------|------|------|--------------------------|
| 70%-100% | 70%-100% | 70% - 100% Based on UCR | 100% | 100% | 100% Based on UCR *** |
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Includes: Sealants, Space Maintainers, Restorations, Emergency (Palliative), Endodontics, Periodontics, Oral Surgery

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|----------|----------|----------------------------|-----|-----|--------------------------|
| 70%-100% | 70%-100% | 70% - 100% Based on UCR | 70% | 60% | 100% Based on UCR *** |
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|----------|----------|----------------------------|-----|-----|-------------------------|
| 70%-100% | 70%-100% | 70% - 100% Based on UCR | 70% | 60% | 60% Based on UCR *** |
|----------|----------|----------------------------|-----|-----|-------------------------|

| | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
|-------------|-------------|-------------|-------------|-------------|-------------|

| | | | | | | |
|------------------------------|-------|-------|-------|---------|---------|---------|
| Orthodontic Lifetime Maximum | \$500 | \$500 | \$500 | \$2,500 | \$2,500 | \$2,500 |
| Adult/Child Orthodontics | 50% | 50% | 50% | 50% | 50% | 50% |
| | None | None | None | None | None | None |
| | None | None | None | None | None | None |

* Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider.

** Allowed Charge Limited to Covered Fee Schedule.

*** Member may be subject to a deductible and co-insurance for an out of network Specialist.