

TripleChoicePlan

Madison National - EPO/PPO Plan Options

EPO Plans

	Plan Option A	Plan Option B	Plan Option C
	In-Network	In-Network	In-Network
Preventive	100%	100%	100%
Diagnostic	100%	100%	100%
Basic	90%	80%	80%
Major	60%	50%	50%
Deductible	\$50 *	\$50 *	\$50
Annual Maximum	\$2,000	\$1,500	\$1,000

* Waived for preventive and diagnostic services

PPO Plans

	Plan Option 1		Plan Option 2		Plan Option 3	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Preventive	100%	100%	100%	100%	100%	80%
Diagnostic	100%	100%	100%	100%	100%	80%
Basic	90%	80%	80%	80%	80%	80%
Major	60%	50%	50%	50%	50%	50%
Deductible	\$50 *	\$50 *	\$50 *	\$50 *	\$50 *	\$100 *
Annual Maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000

* Waived for preventive and diagnostic services

- Endo and Perio (Prophylaxis Scaling) are paid as Basic Benefits on all PPO and EPO Plans.
- In-Network Benefits available when using the "First Dental Health" PPO and EPO Networks
- Out-Of-Network Benefits Paid at the 80th Percentile on PPO Plans 1, 2 and 3.
- A minimum of 5 employees are required to enroll on the PPO and/or EPO plans when combined with our DHMO products..
- Choice of one PPO and/or one EPO combination alongside any or all of the DHMO offerings.

(For Groups of 15 or more CA eligible employees)