## Montgomery County Government Dental Plan Comparison

<table>
<thead>
<tr>
<th>Plan Characteristics</th>
<th>DHMO</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan available for Active Employees</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Plan available for Retirees</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>In-Network Benefits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>United Concordia NETWORK</td>
<td>“Concordia Plus” DHMO</td>
<td>“Alliance” PPO</td>
</tr>
<tr>
<td>Required to Use An Assigned Provider</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Out of Network Benefits Available</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Claim Required</td>
<td>No</td>
<td>Yes¹</td>
</tr>
<tr>
<td>Balance Billing for Covered Services</td>
<td>No</td>
<td>Yes¹</td>
</tr>
<tr>
<td>Specialty Referral Required</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Orthodontia Benefits Available</td>
<td>Yes (ANY AGE)</td>
<td>Yes (ANY AGE)</td>
</tr>
<tr>
<td>Orthodontia Maximum (Lifetime)</td>
<td>Unlimited</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Benefit Maximum (per person)</td>
<td>Unlimited</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Deductible (per person)</td>
<td>None</td>
<td>$50.00²</td>
</tr>
<tr>
<td>Maximum Deductible (per family)</td>
<td>None</td>
<td>$150.00²</td>
</tr>
</tbody>
</table>

¹Claim submission would be required and balance billing may occur when visiting a nonparticipating provider.
²Deductible does not apply to Class I – Diagnostic and Preventive Services.

*Coverage for dependents would cease on the day which the child turns 26.
**Benefit Maximum and Deductibles are for the period of January 01 through December 31.

All services listed on this benefit summary are subject to the contract, Schedules of Benefits, and current Exclusions and Limitations.