



Dental Summary

	Plan 1	Plan 2 –Single Plan Or Core Plan	Plan 3 – Single Plan Or Buy-Up Plan
Coinsurance (Plan Pays)			
Type 1	100%	80%	100%
Type 2	80%	50%	80%
Type 3	50%	25%	50%
Deductible	\$50/Calendar Year Waived Type 1 3 Family Maximum \$1,000/Calendar Year	\$50/Calendar Year Waived Type 1 3 Family Maximum \$1,000/Calendar Year	\$50/Calendar Year Waived Type 1 3 Family Maximum \$1,500/Calendar Year
Maximum (per person)			
PPO	Passive PPO	Passive PPO	Passive PPO
Allowance			
Type 1	90th U&C	90th U&C	90th U&C
Type 2	90th U&C	90th U&C	90th U&C
Type 3	90th U&C	90th U&C	90th U&C
Max Builder	Included	Included	Included
Waiting Period	6-Months Type 3 Services Waived for Initial Employees with Prior Group Coverage.	6-Months Type 3 Services Waived for Initial Employees with Prior Group Coverage.	6-Months Type 3 Services Waived for Initial Employees with Prior Group Coverage.
LASIK Assist	None	None	None

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.			
Coinsurance	50%	50%	50%
Coverage for Adults	Yes	Yes	Yes
Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000
Waiting Period	12-Months All Members Waived for Initial Employees with Prior Group Coverage.	12-Months All Members Waived for Initials with Prior Group Coverage.	12-Months All Members Waived for Initial Employees with Prior Group Coverage.

Monthly Rates

	Plan 1		Plan 2 –Single Plan Or Core Plan		Plan 3 – Single Plan Or Buy-Up Plan	
Employee (EE)	No ortho	w/ortho	No Ortho	w/ortho	No Ortho	w/ortho
EE + Spouse	\$37.14	\$38.14	\$25.48	\$26.54	\$42.10	\$43.14
EE + Children	\$75.74	\$77.74	\$51.86	\$54.02	\$85.68	\$87.82
EE + Spouse & Children	\$88.72	\$98.16	\$59.42	\$69.14	\$97.80	\$107.26
EE + Spouse & Children	\$127.32	\$137.76	\$85.80	\$96.62	\$141.38	\$151.94

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design.