

Dental renewal

Dental Benefit Summary

Renewal		
Plan: A8000 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,000 / \$1,000
	Ortho Lifetime	NA / NA
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 80%
	Minor Restore	80% / 60%
	Endo/Perio/Oral*	50% / 50%
	Major Services	50% / 50%
	Orthodontia	NA / NA

	Enrollment	Rate
Employee	2	\$26.64
Empl + Spouse	0	\$53.27
Empl + Child	0	\$58.67
Empl + Fam	0	\$89.58
Monthly Premium		\$53.28

Change from current: 0.0%

• Dental plans have a 12 month rate guarantee. The rates displayed in this package will be effective through 09/30/2023. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.

* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

¹ Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Vision renewal

Vision Benefit Summary

Renewal		
Plan: S1012 Type: 100% ER PAID/0% DEP PAID		
	Services & Materials	Amount
In-Network Copay	Exam	\$10
	Materials	\$25
Frequencies	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos
	Frames	1 x per 24 mos
Out-of-Network Reimbursement	Exam	Up to \$40
	Single Lenses	Up to \$40
	Bifocal Lenses	Up to \$60
	Trifocal Lenses	Up to \$80
	Lenticular Lenses	Up to \$80
	Frames	Up to \$45

	Enrollment	Rate
Employee	2	\$4.11
Empl + Spouse	0	\$8.63
Empl + Child	0	\$10.13
Empl + Fam	0	\$14.94
Monthly Premium		\$8.22

Change from current: 0.0%

• Vision plans have a 24 month rate guarantee from contract issuance. The rates displayed within this package will be effective through 09/30/2024. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.