



Dental

		Value Plan	Basic Plan	Enhanced Plan
In-Network	Type A – Preventive	100%	100%	100%
	Type B – Basic	80%	80%	90%
	Type C – Major	0%	50%	60%
	Type D - Orthodontia	0%	0%	50%
	Deductible	\$0	\$0	\$0
	Calendar Year Max	\$750	\$1,000	\$1,500
	Orthodontia Lifetime Max	Not Covered	Not Covered	\$1,000
Out-of-Network	Type A – Preventive	80%	80%	100%
	Type B – Basic	50%	50%	80%
	Type C – Major	0%	25%	50%
	Type D - Orthodontia	0%	0%	50%
	Deductible (applies to B & C)	\$50 per person (\$150 family max)	\$50 per person (\$150 family max)	\$50 per person (\$150 family max)
	Calendar Year Max	\$500	\$750	\$1,000
	Orthodontia Lifetime Max	Not Covered	Not Covered	\$1,000
Monthly Rates*	Employee Only	\$52.20	\$96.63	\$133.53
	Employee + Spouse	\$107.10	\$182.22	\$260.70
	Employee + Child(ren)	\$119.58	\$203.88	\$291.75
	Family	\$176.49	\$292.35	\$423.36

*Rates above are quarterly and include all admin fees

