

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1 and 2
Good news ! There is a 2 year rate guarantee on this plan

DENTAL PLAN RATES - PPO W1					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	33	\$44.56	\$17,646	\$44.56	\$17,646
EE/SP	18	\$89.18	\$19,263	\$89.18	\$19,263
EE/CH	11	\$114.60	\$15,127	\$114.60	\$15,127
FAMILY	16	\$159.21	\$30,568	\$159.21	\$30,568
TOTAL	78		\$82,604		\$82,604

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VOLUNTARY VISION PLAN RATES - VSP 53					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	20	\$12.43	\$2,983	\$12.43	\$2,983
EE/SP	15	\$20.92	\$3,766	\$20.92	\$3,766
EE/CH	6	\$21.33	\$1,536	\$21.33	\$1,536
FAMILY	9	\$33.73	\$3,643	\$33.73	\$3,643
TOTAL	50		\$11,927		\$11,927

Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 2000

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PLAN BENEFITS SUMMARY

Network	In-Network	Out-of-Network
	DentalGuard Preferred	None
Coinsurance		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Deductible	\$50	\$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Fee Schedule	UCR 90%
Maximum	\$1,500	\$1,500
Orthodontia	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
Maximum Rollover		
Threshold		N/A
Rollover Amount		N/A
In-network only rollover		N/A
Max Rollover Limit		N/A
Dependent Age Limit		26/26

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Current Plan Benefits Summaries

VSP

VOLUNTARY VISION

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PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	12 months
Exam Allowance	100%	\$46	12 months
Materials Copay	\$10	\$10	
Base Lenses			
Single Vision Allowance	100%	\$47	12 months
Bifocal Allowance	100%	\$66	12 months
Trifocal Allowance	100%	\$85	12 months
Lenticular Allowance	100%	\$125	12 months
Contact Lenses			
Elective Allowance	\$120	\$120	12 months
Therapeutic Allowance	100%	\$210	12 months
Frame Retail Allowance	\$120	\$47	24 months
Materials Allowance	N/A	N/A	N/A

The following plan features are for illustrative purposes only. Please verify if a specific feature is applicable by consulting your vision policy contract:

