



**Association Benefit Program
Dental Comparison(4/1/24 - 3/31/25)**

Plan	Low Option	High Option with Implant Coverage
Benefit	In-Network	In-Network
Annual Deductible		
Employee Only	\$50	\$25
Employee and Family	\$150	\$75
Calendar Year Maximum		
Annual Benefit	\$1,000	\$1,500
Diagnostic and Preventative Services		
Diagnostic & Preventative Services	100%	100%
Basic Services		
Basic Services - Restorative	100% subject to deductible	100% subject to deductible
Basic Services - Supplemental	80% subject to deductible	100% subject to deductible
Major Services		
	Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days	
Periodontic Services	50% subject to deductible	80% subject to deductible
Prosthetic Services	50% subject to deductible	50% subject to deductible
Orthodontic Services		
	Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days	
Calendar Year Orthodontic Deductible	No Deductible	No Deductible
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Orthodontic Services*	50%	50%
Monthly Premium Rates		
	Rates	Rates
Employee	\$27.12	\$33.76
Employee + Spouse	\$51.22	\$64.24
Employee + Children	\$68.03	\$83.13
Family	\$97.71	\$120.58

* Orthodontic Services for dependent children up to age 26.

**Please see plan docs for full benefit description.

***Rates include administrative fees