

Association Benefit Program Dental Comparison(4/1/25 - 3/31/26)

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 Maxium	
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 unitl the member has been covered for a continous 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 unitl the member has been covered for a continous 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	\$25.87	\$32.25
Employee + Spouse	\$48.71	\$61.23
Employee + Children	\$64.65	\$79.17
Family	\$92.80	\$114.78

^{*} Orthodontic Services for dependent children up to age 26.
**Please see plan docs for full benefit description.
***Rates include adminstrative fees(Y&M=\$3)