



**Association Benefit Program  
Dental Comparison(4/1/26 - 3/31/27)**

| Plan  | Low Option   | High Option with Implant Coverage |
|---|--|-----------------------------------|
| Benefit                                     | In-Network   | In-Network                        |
| <b>Annual Deductible</b>                    |  |                                   |
| Employee Only                               | \$50   | \$25                              |
| Employee and Family                         | \$150  | \$75                              |
| <b>Calendar Year Maximum</b>                |  |                                   |
| Annual Benefit                              | \$1,000  | \$1,500                           |
| <b>Diagnostic and Preventative Services</b> |  |                                   |
| Diagnostic & Preventative Services          | 100%   | 100%                              |
| <b>Basic Services</b>                       |  |                                   |
| Basic Services - Restorative                | 100% subject to deductible   | 100% subject to deductible        |
| Basic Services - Supplemental               | 80% subject to deductible  | 100% subject to deductible        |
| <b>Major Services</b>                       |  |                                   |
|   | <b>Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days</b> |                                   |
| Periodontic Services                        | 50% subject to deductible  | 80% subject to deductible         |
| Prosthetic Services                         | 50% subject to deductible  | 50% subject to deductible         |
| <b>Orthodontic Services</b>                 |  |                                   |
|   | <b>Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days</b> |                                   |
| Calendar Year Orthodontic Deductible        | No Deductible  | No Deductible                     |
| Lifetime Orthodontic Maximum                | \$1,500  | \$1,500                           |
| Orthodontic Services*                       | 50%  | 50%                               |
| <b>Monthly Premium Rates</b>                |  |                                   |
|   | <b>Rates</b>   | <b>Rates</b>                      |
| Employee                                    | \$27.33  | \$33.88                           |
| Employee + Spouse                           | \$51.65  | \$64.49                           |
| Employee + Children                         | \$68.60  | \$83.49                           |
| Family                                      | \$98.55  | \$121.10                          |

\* Orthodontic Services for dependent children up to age 26.

\*\*Please see plan docs for full benefit description.

\*\*\*Rates include administrative fees(Y&M=\$3)