

Dental Plans



Plan Highlights		Delta Dental		
	DPPO Base In-network	DPPO Base Out-of-network	DPPO Buy Up In-network	DPPO Buy Up Out-of-network
Plan Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum	\$1,500	\$1,500	\$3,000	\$3,000
Preventive	0% no deductible	0% no deductible	0% no deductible	0% no deductible
Basic Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia Services				
Adult	NA	NA	50% to \$1,500	50% to \$1,500
Child up to age 19	50% to \$1,500	50% to \$1,500	50% to \$1,500	50% to \$1,500
Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500



Vision Plans



Plan Highlights	Plan Name
	In-network Eyemed Network
Exam – Every 12 months	\$10 copay
Lenses – Every 12 months	
Single	\$10
Bifocal	\$10
Trifocal	\$10
Frames – Every 12 months	\$150 Allowance, then 20% off coverage
Contacts – Every 12 months	In lieu of lenses & frames
Medically Necessary	No Charge
Elective	\$150 Allowance, then 15% off
LASIK	15% off Retail Price or 5% off promotional price

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

