



**PLAN OVERVIEW:**

	<b>STANDARD</b>	<b>PREMIUM</b>
<b>Annual Deductible</b>	\$55 per person; \$110 per family per calendar year	\$55 per person; \$110 per family per calendar year
<b>Annual Maximum</b>	\$1,500 per person	\$2,500 per person
<b>Diagnostic &amp; Preventive*</b> (2 cleanings and 1 set of x-rays per calendar year)	<b>Covered at 100%</b>	<b>Covered at 100%</b>
<b>Basic Services</b> (Fillings and simple extractions)	<b>Covered at 80%</b>	<b>Covered at 90%</b>
<b>Major Services</b> (Dentures, bridges, implants and crowns)	<b>Covered at 50%</b>	<b>Covered at 60%</b>
<b>Orthodontia</b>	<b>Covered at 50%</b> <b>Lifetime maximum \$1,250</b> (Dependent children under the age of 19 only)	<b>Covered at 50%</b> <b>Lifetime maximum \$2,500</b> (Adults and children)
<b>Temporomandibular Joint Disorder</b> (TMJ-Bite Guard)	<b>Not covered</b>	<b>Covered at 90%</b>

**BI-WEEKLY COST** (full-time employees):

	<b>STANDARD</b>	<b>PREMIUM</b>
<b>Single</b>	\$3.40	\$10.21
<b>Employee + Spouse or Adult Dependent</b>	\$8.49	\$20.41
<b>Employee + Child(ren)</b>	\$9.24	\$22.23
<b>Family</b>	\$12.95	\$31.14

\* Costs associated with diagnostic and preventive care (cleanings oral exams, and x-rays) will not count against the annual maximum