

Indemnity Dental Plan Options<sup>1,4,5</sup>

	Option 1	Option 2	Option 3	Option 4
Calendar Year Deductible <sup>2</sup>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Maximum	\$2,500	\$2,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum	N/A	\$1,500	N/A	\$1,000
Preventive Services (Routine Exams, Cleaning, X-Rays)	100%	100%	100%	100%
Basic Services (Restorative, Periodontics, Endodontics, Oral Surgery)	90%	90%	80%	80%
Major Services (Crowns, Bridges, Dentures)	60%	60%	50%	50%
Orthodontic Services <sup>3</sup>	N/A	50%	N/A	50%

**Monthly Rates**

Employee Only	\$39.74	\$42.63	\$33.24	\$36.13
Employee + Spouse	\$81.98	\$87.95	\$68.57	\$74.53
Employee + Child(ren)	\$97.31	\$104.38	\$81.38	\$88.46
Employee + Family	\$150.22	\$161.14	\$125.64	\$136.56

<sup>1</sup>Eligible benefits based on Usual and Customary at the 90th percentile of the National Dental Advisory Service (NDAS) guidelines.

<sup>2</sup>Deductible is waived for Preventive Services

<sup>3</sup>Only for covered dependent children through age 18. No benefits shall be payable until the employee has completed 12 months of employment.

<sup>4</sup>12 month rate guarantee.

<sup>5</sup>10 subscribers minimum participation.