

Group Dental Plan

Calendar year deductible	<ul style="list-style-type: none"> • Applied to basic and major services • Waived on preventive services 	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> • Applied to preventive, basic, and major services 	\$1,000
Preventive services	<ul style="list-style-type: none"> • Oral examinations • Full mouth X-rays (once every 5 years) • Bitewing X-rays (1 set per calendar year) • Periapicals and other X-rays • Cleanings • Topical fluoride treatments • Sealants • Space maintainers 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> • Fillings • Denture repair and adjustments • Routine extractions • Emergency care for pain relief • Appliances for children • Prefabricated stainless steel crowns 	80 percent after deductible
Major services	<ul style="list-style-type: none"> • Endodontics (root canal) • Periodontics (gum therapy) • Oral surgery • Inlays or onlays • Other crowns • Dentures (complete and partial) • Bridgework • Denture relines and rebases 	12-month waiting period 50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> • Covers child orthodontia 	12-month waiting period \$1,000 lifetime maximum benefit 50% no deductible

RATES

Custom | Traditional Preferred | 100/80/50
\$1000 Annual Maximum | Ortho Benefits

	MONTHLY	WEEKLY
Member	\$28.69	\$6.62
Member + Spouse	\$64.44	\$14.87
Member + Child(ren)	\$64.09	\$14.79
Member + Family	\$100.84	\$23.27



Group Vision Insurance

Vision care services	Visit a participating provider	Visit a nonparticipating provider
Exam with dilation as necessary	100% after copay	\$40 allowance
Lenses		
Single vision	100% after copay	\$20 allowance
Bifocal	100% after copay	\$40 allowance
Trifocal	100% after copay	\$60 allowance
Lenticular	100% after copay	\$100 allowance
Frames	\$45 wholesale frame allowance	\$45 retail allowance
Contact lenses Elective (conventional and disposable)	\$105 Contact lens allowance	\$105 Contact lens allowance
Medically necessary "	100%	\$210 allowance
Frequency (based on date of service)		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Exam/material copay	\$10/\$20	
Wholesale frame allowance*	\$90–\$135 approximate retail value	
Contact lens allowance	The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.	

Lasik and PRK

Members receive substantial reductions when procedures are done by network providers. Members can expect to pay no more than \$1,800 per eye for conventional Lasik procedures and \$2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

- Conventional Lasik \$895 per eye
- Custom Lasik \$1,295 per eye
- Custom Lasik with IntraLase \$1,895 per eye

* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eye glasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Rates

Custom | VisionCare Plan | 12/12/24

Frequency | \$10/\$20 Deductible

\$45 WFA/\$105 ECL **MONTHLY** **WEEKLY**

Member	\$8.00	\$1.85
Member + Spouse	\$12.96	\$2.99
Member + Child(ren)	\$12.68	\$2.93
Member + Family	\$20.58	\$4.75