

# Dental Benefits Quick Overview



## What's Included in Your Plan

	High plan	Low plan
	In-network	In-network
Deductible		
Employee only	\$50	\$50
Family	\$150	\$150
Annual plan maximum (per individual)	\$1,250	\$1,250
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	Covered at 100%	Covered at 100%
Basic		
Fillings, endodontics, periodontics, extractions and anesthesia	Covered at 80% after deductible	Covered at 50% after deductible
Major		
Onlays, crowns, crown and denture repair, and prosthodontics	Covered at 50% after deductible	Covered at 40% after deductible
Orthodontia		
Adults and dependent children	Covered at 50% after deductible	Not covered
Lifetime orthodontia plan maximum (per individual)	\$1,000	N/A

## How Much You Will Pay

	High plan monthly cost	High plan weekly cost	Low plan monthly cost	Low plan weekly cost
Associate	\$25.12	\$5.80	\$11.16	\$2.58
Associate + 1	\$48.12	\$11.10	\$19.32	\$4.45
Associate + family	\$83.64	\$19.30	\$27.20	\$6.28