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	$32.40	$7.48	$14.40	$3.32
Associate + 1	$62.08	$14.33	$24.92	$5.75
Associate + family	$107.88	$24.90	$35.08	$8.10