

DENTAL: FULL-TIME TEAM MEMBERS

	HIGH DENTAL PLAN	LOW DENTAL PLAN
PLAN YEAR DEDUCTIBLE		
Individual	\$50	\$50
Family	\$150	\$150
ANNUAL BENEFIT MAXIMUM		
Per Individual	\$1,750	\$1,250
PREVENTIVE SERVICES		
Exams, routine cleanings, space maintainers, fluoride treatments (up to age 14)	100%, deductible waived	100%, deductible waived
BASIC SERVICES		
X-rays, fillings, simple extractions, anesthesia	80%, deductible applies	50%, deductible applies
MAJOR SERVICES		
Crowns, inlays, onlays, bridges, dentures	50%, deductible applies	25%, deductible applies
ORTHODONTIA		
Adults: Covered Team Members and spouses Dependent Children: Covered children up to age 19	50%, deductible applies \$1,000 lifetime maximum	N/A

COVERAGE OPTIONS	BIWEEKLY PAYCHECK COST
BCBS DENTAL – LOW PLAN	
Employee Only	\$9.40
Employee + Spouse	\$18.37
Employee + Child(ren)	\$17.76
Employee + Family	\$27.48
BCBS DENTAL – HIGH PLAN	
Employee Only	\$15.07
Employee + Spouse	\$29.46
Employee + Child(ren)	\$28.48
Employee + Family	\$44.07