

# Dental Coverage

## *Basic Dental*

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- No employee contribution
- Single, Employee + I or Family Coverage
- Participating Provider-Maximum Benefit
- Scheduled \$ amount for every procedure
- Minimum Out-of Pocket
- Orthodontia-\$600.00 Lifetime per enrollee
- Maximum Dental Benefit is \$1200.00 per enrollee based on calendar year

# Dental Coverage

## *Enhanced Dental*

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- Pre-tax employee contribution
- Single, Employee + 1 or Family Coverage
- Procedures are defined as Type 1 or Type 2
  - **Type 1 procedures are covered at 100%**
  - **Type 2 procedures are covered at 50%**
- Orthodontia-\$800.00 Lifetime per enrollee
- Maximum Dental Benefit is \$1000.00 per enrollee based on calendar year

# Dental Coverage

## *Premier Dental*

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- Pre-tax employee contribution
- Single, Employee + 1 or Family Coverage
- Procedures are defined as Type 1 or Type 2
  - **Type 1 procedures are covered at 100%**
  - **Type 2 procedures are covered at 50%**
- Orthodontia-\$2000.00 Lifetime per enrollee
- Maximum Dental Benefit is \$1500.00 per enrollee based on calendar year