Dental Coverage

Basic Dental

- No employee contribution
- Single, Employee + 1 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

- 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

- 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