

Dental Plans	Low Plan	High Plan
Choice of dentists	Choose any dentist, but save money by visiting in-network dentists.*	
Deductible	\$25 per person, up to \$75 per family	\$25 per person, up to \$75 per family
Annual Benefit Maximum	\$500 per covered member	\$1,500 per covered member
TYPE I SERVICES: Preventive & Diagnostic	You pay 0%* (does not count against annual benefit maximum)	You pay 0%* (does not count against annual benefit maximum)
TYPE II SERVICES: Basic	You pay 20% after deductible*	You pay 20% after deductible*
TYPE III SERVICES: Major	Not covered	You pay 50% after deductible*
Orthodontia	Not covered	You pay 50%* <ul style="list-style-type: none"> • Children to age 19 only • 12-month waiting period • \$1,000 lifetime orthodontia benefit maximum

*Note: If you visit a dentist outside the plan's network and the dentist charges more than the allowable in-network fee, you will be required to pay the difference.

Monthly Cost:	Dental Low Plan	Dental High Plan
Employee	\$12.00	\$31.56
Employee & Spouse	\$24.88	\$65.92
Employee & Child(ren)	\$36.24	\$82.92
Employee & Family	\$49.12	\$117.28