

Dual Option Dental renewal United

		Employee	Empl + Spouse	Empl + Child	Empl + Fam
Dental Insurance - Plan 1 Plan: P3388 / Type: VPPO	\$1,500				
	Rate	\$52.85	\$105.71	\$106.70	\$164.44
Dental Insurance - Plan 2 Plan: P3384 / Type: VPPO	\$1,000				
	Rate	\$39.71	\$79.42	\$80.15	\$123.52

Plan 1: PPO Dental benefit summary

	Benefit	In/Out		Benefit	In/Out
Annual Plan Max	In/Out of Network	\$1,500 / \$1,500	Coinsurance	Preventative	100% / 100%
	Ortho Lifetime	\$1,500 / \$1,500		Minor Restore	80% / 80%
Deductible	Individual/Family	\$50 / \$150		Endo/Perio/Oral*	80% / 80%
Waiting Period	Major Services	NO WAIT		Major Services	50% / 50%
				Orthodontia	50% / 50%

* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

Plan 2: PPO Dental benefit summary

	Benefit	In/Out		Benefit	In/Out
Annual Plan Max	In/Out of Network	\$1,000 / \$1,000	Coinsurance	Preventative	100% / 100%
	Ortho Lifetime	NA/ NA		Minor Restore	80% / 80%
Deductible	Individual/Family	\$50 / \$150		Endo/Perio/Oral*	50% / 50%
Waiting Period	Major Services	NO WAIT		Major Services	50% / 50%
				Orthodontia	NA/ NA

* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

Vision renewal

		Employee	Empl + Spouse	Empl + Child	Empl + Fam
Current Vision Insurance					
Plan: V1008/Type: VOLUNTARY	Rate	\$7.38	\$14.02	\$16.38	\$23.09

Change from current: **0.0%**

Vision benefit summary

	Services & Materials	Amount		Services & Materials	Amount
In-Network Copay	Exam	\$10	Out-of-network Reimbursement	Exam	Up to \$40
	Materials	\$25		Single Lenses	Up to \$40
Frequencies	Exam	1 x per 12 mos.		Bifocal Lenses	Up to \$60
	Lenses	1 x per 12 mos.		Trifocal Lenses	Up to \$80
	Frames	1 x per 24 mos.		Lenticular Lenses	Up to \$80
				Frames	Up to \$45
				Elective Contacts	Up to \$105

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