

Summary of Benefits Dental Insurance - Dual Option Dental

Employer Sponsored Dental				
	Low Option Plan		High Option Plan	
Class Description	All Active Full Time Employees Electing Low Plan (30 Hours)		All Active Full Time Employees Electing High Plan (30 Hours)	
	In-Network	Out-of-Network	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	Negotiated Fee Schedule – MAC	Negotiated Fee Schedule	R&C 80th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	0%	0%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
▪ Family	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,000	\$1,000	\$1,000	\$1,000