

Dental Coverage



Dental Summary		Proposed Effective Date: 3/1/2020	
		Low Plan 1	High Plan 1
Plan Benefit			
	Type 1	100%	100%
	Type 2	80%	80%
	Type 3	NA	50%
Deductible		\$50/Calendar Year	\$50/Calendar Year
		Waived Type 1	Waived Type 1
		3 Family Maximum	3 Family Maximum
Maximum (per person)		\$1,000/Calendar Year	\$1,500/Calendar Year
PPO		A New Choice® Plus	Passive PPO
Allowance	Type 1	Discounted Fee	75th U&C
	Type 2	Discounted Fee	75th U&C
	Type 3	None	75th U&C
Dental Rewards®		Included	Included
Waiting Period		None	12 months - Type 3 New Enrollees Only
Annual Open Enrollment		None	None

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.		
Plan Benefit	No Ortho	50%
Coverage for Adults		No
Lifetime Maximum (per person)		\$1,000
Waiting Period		None