



**Group may elect one option & set of rates!**

Groups with 2-4 eligible employees must have 100% enroll.

Groups with 5-50 eligible employees must have the greater of 5 or 20% enroll.

Outline of Benefits	Option 1		Option 2		Option 3		Option 4*
<b>Participating Provider Plan</b>	Passive		Passive		Aggressive		Aggressive
<b>Deductible</b>	\$50 per person, per benefit year. Applies to Class B, C.		\$50 per person, per benefit year. Applies to Class B, C.		\$50 per person, per benefit year. Applies to Class B, C.		\$50 annual. No limit. Applies to Class B, C.
<b>Carryover Benefit</b>	Included		Included		Included		Included
<b>Benefit Year Maximum</b>	\$1,000 for Class A, B, C.		\$1,000 for Class A, B, C.		\$1,000 for Class A, B, C.		\$1,000 for Class A, B, C.
<b>Coinsurance</b>	In-Network: Class A—100% Class B—80% Class C—50% Class D—50%  Non-Network: Class A—100% Class B—80% Class C—50% Class D—50%		In-Network: Class A—75% Class B—75% Class C—50% Class D—50%  Non-Network: Class A—75% Class B—75% Class C—50% Class D—50%		In-Network: Class A—100% Class B—80% Class C—50% Class D—50%  Non-Network: Class A—80% Class B—60% Class C—50% Class D—50%		In-Network: Class A—100% Class B—80% Class C—50%  Non-Network: Class A—80% Class B—60% Class C—50%
<b>Class A: Preventive Services</b> (no waiting period)	<ul style="list-style-type: none"> <li>Routine exams (2/12 mos.)</li> <li>Prophylaxis (2/12 mos.)</li> <li>Bitewing x-rays (max 4 films) (1/12 mos.)</li> <li>Full mouth/panoramic x-rays (1/24 mos.)</li> <li>Emergency pain</li> <li>Space maintainers to age 16 (1/24 mos.)</li> <li>Fluoride treatment to age 16 (1/12 mos.)</li> <li>Sealants to age 16 (permanent molars only, once)</li> </ul>		<ul style="list-style-type: none"> <li>Routine exams (2/12 mos.)</li> <li>Prophylaxis (2/12 mos.)</li> <li>Bitewing x-rays (max 4 films) (1/12 mos.)</li> <li>Full mouth/panoramic x-rays (1/24 mos.)</li> <li>Emergency pain</li> <li>Space maintainers to age 16 (1/24 mos.)</li> <li>Fluoride treatment to age 16 (1/12 mos.)</li> <li>Sealants to age 16 (permanent molars only, once)</li> </ul>		<ul style="list-style-type: none"> <li>Routine exams (2/12 mos.)</li> <li>Prophylaxis (2/12 mos.)</li> <li>Bitewing x-rays (max 4 films) (1/12 mos.)</li> <li>Full mouth/panoramic x-rays (1/24 mos.)</li> <li>Emergency pain</li> <li>Space maintainers to age 16 (1/24 mos.)</li> <li>Fluoride treatment to age 16 (1/12 mos.)</li> <li>Sealants to age 16 (permanent molars only, once)</li> </ul>		<ul style="list-style-type: none"> <li>Routine exams (2/12 mos.)</li> <li>Prophylaxis (2/12 mos.)</li> <li>Bitewing x-rays (max 4 films) (1/12 mos.)</li> <li>Full mouth/panoramic x-rays (1/24 mos.)</li> <li>Emergency pain (1/12 mos.)</li> <li>Space maintainers to age 16 (1/24 mos.)</li> <li>Fluoride treatment to age 16 (1/12 mos.)</li> <li>Sealants to age 16 (permanent molars only, 1/36 mos.)</li> </ul>
<b>Class B: Basic Services</b> (no waiting period)	<ul style="list-style-type: none"> <li>Fillings</li> <li>Anesthesia</li> <li>Simple extractions</li> <li>Periodontal maintenance (2/12 mos.)</li> <li>Oral surgery</li> <li>Endodontics (root canals)</li> <li>Surgical periodontics</li> <li>Repair of bridge, crown, and denture</li> </ul>		<ul style="list-style-type: none"> <li>Fillings</li> <li>Anesthesia</li> <li>Simple extractions</li> <li>Periodontal maintenance (2/12 mos.)</li> <li>Oral surgery</li> <li>Endodontics (root canals)</li> <li>Surgical periodontics</li> <li>Repair of bridge, crown, and denture</li> </ul>		<ul style="list-style-type: none"> <li>Fillings</li> <li>Anesthesia</li> <li>Simple extractions</li> <li>Periodontal maintenance (2/12 mos.)</li> <li>Oral surgery</li> <li>Endodontics (root canals)</li> <li>Surgical periodontics</li> <li>Repair of bridge, crown, and denture</li> </ul>		<ul style="list-style-type: none"> <li>Fillings</li> <li>Anesthesia</li> <li>Simple extractions</li> <li>Non-surgical periodontics</li> <li>Oral surgery</li> <li>Endodontics (root canals)</li> <li>Surgical periodontics</li> <li>Repair of crown, bridge, and denture</li> </ul>
<b>Class C: Major Services</b> (12-month waiting period—subject to takeover benefits)	<ul style="list-style-type: none"> <li>Inlays and Onlays</li> <li>Crowns, bridges, dentures, and endosteal implants</li> </ul>		<ul style="list-style-type: none"> <li>Inlays and Onlays</li> <li>Crowns, bridges, dentures, and endosteal implants</li> </ul>		<ul style="list-style-type: none"> <li>Inlays and Onlays</li> <li>Crowns, bridges, dentures, and endosteal implants</li> </ul>		<ul style="list-style-type: none"> <li>Inlays and Onlays</li> <li>Crowns, bridges, dentures, and endosteal implants (in lieu of an approved 3-unit bridge)</li> </ul>
<b>Class D: Orthodontics</b> (12-month waiting period—subject to takeover benefits)  *Orthodontics is only available to groups with 10+ enrolled.	<ul style="list-style-type: none"> <li>Annual maximum: \$500</li> <li>Separate lifetime maximum: \$1,000</li> <li>Dependent children to age 19 only</li> </ul>		<ul style="list-style-type: none"> <li>Annual maximum: \$500</li> <li>Separate lifetime maximum: \$1,000</li> <li>Dependent children to age 19 only</li> </ul>		<ul style="list-style-type: none"> <li>Annual maximum: \$500</li> <li>Separate lifetime maximum: \$1,000</li> <li>Dependent children to age 19 only</li> </ul>		Not Available
<b>Monthly Premium</b>	<b>Option 1</b> w/ Ortho.    w/o Ortho.		<b>Option 2</b> w/ Ortho.    w/o Ortho.		<b>Option 3</b> w/ Ortho.    w/o Ortho.		<b>Option 4</b> Ortho. not available
<b>Employee Only</b>	\$53.78	\$53.78	\$47.48	\$47.48	\$43.06	\$43.06	\$43.06
<b>Employee + 1</b>	\$107.52	\$102.76	\$99.40	\$94.66	\$91.78	\$86.00	\$85.47
<b>Family</b>	\$156.20	146.70	\$145.98	\$137.46	\$134.48	\$124.98	\$121.75
<b>Plan Choice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Pediatric essential health benefits (EHB) included in Option 4.

- Rates are valid in Area I only (zip 480-483)
- Late applicants will be subject to a 12-month waiting period on all basic, major & orthodontic services.
- Rate Guarantee: 12 months from the effective date of coverage.

• Final rates subject to home office underwriting verification of participation and other factors.

*This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only actual policy provisions prevail.*



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<b>Monthly Premium</b>	Option 1		Option 2		Option 3		Option 4
	w/ Ortho.	w/o Ortho.	w/ Ortho.	w/o Ortho.	w/ Ortho.	w/o Ortho.	Ortho. not available
<b>Employee Only</b>	\$48.40	\$48.40	\$42.72	\$42.72	\$38.74	\$38.74	\$38.74
<b>Employee + 1</b>	\$96.80	\$92.48	\$89.46	\$85.14	\$81.66	\$77.40	\$76.92
<b>Family</b>	\$140.58	\$132.04	\$132.26	\$123.72	\$121.02	\$112.48	\$109.58
<b>Plan Choice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Pediatric essential health benefits (EHB) included in Option 4.

• Rates are valid in Area II only (all MI zip codes excluding 480-483)  
• Late applicants will be subject to a 12-month waiting period on all basic, major & orthodontic services.

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