



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*
Participating Provider Plan	Passive		Passive		Aggressive		Aggressive
Deductible	\$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.
Carryover Benefit	Included		Included		Included		Included
Benefit Year Maximum	\$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.
Coinsurance	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%
Class A: Preventive Services (no waiting period)	<ul style="list-style-type: none"> Routine exams (2/12 mos.) Prophylaxis (2/12 mos.) Bitewing x-rays (max 4 films) (1/12 mos.) Full mouth/panoramic x-rays (1/24 mos.) Emergency pain Space maintainers to age 16 (1/24 mos.) Fluoride treatment to age 16 (1/12 mos.) Sealants to age 16 (permanent molars only, once) 		<ul style="list-style-type: none"> Routine exams (2/12 mos.) Prophylaxis (2/12 mos.) Bitewing x-rays (max 4 films) (1/12 mos.) Full mouth/panoramic x-rays (1/24 mos.) Emergency pain Space maintainers to age 16 (1/24 mos.) Fluoride treatment to age 16 (1/12 mos.) Sealants to age 16 (permanent molars only, once) 		<ul style="list-style-type: none"> Routine exams (2/12 mos.) Prophylaxis (2/12 mos.) Bitewing x-rays (max 4 films) (1/12 mos.) Full mouth/panoramic x-rays (1/24 mos.) Emergency pain Space maintainers to age 16 (1/24 mos.) Fluoride treatment to age 16 (1/12 mos.) Sealants to age 16 (permanent molars only, once) 		<ul style="list-style-type: none"> Routine exams (2/12 mos.) Prophylaxis (2/12 mos.) Bitewing x-rays (max 4 films) (1/12 mos.) Full mouth/panoramic x-rays (1/24 mos.) Emergency pain (1/12 mos.) Space maintainers to age 16 (1/24 mos.) Fluoride treatment to age 16 (1/12 mos.) Sealants to age 16 (permanent molars only, 1/36 mos.)
Class B: Basic Services (no waiting period)	<ul style="list-style-type: none"> Fillings Anesthesia Simple extractions Periodontal maintenance (2/12 mos.) Oral surgery Endodontics (root canals) Surgical periodontics Repair of bridge, crown, and denture 		<ul style="list-style-type: none"> Fillings Anesthesia Simple extractions Periodontal maintenance (2/12 mos.) Oral surgery Endodontics (root canals) Surgical periodontics Repair of bridge, crown, and denture 		<ul style="list-style-type: none"> Fillings Anesthesia Simple extractions Periodontal maintenance (2/12 mos.) Oral surgery Endodontics (root canals) Surgical periodontics Repair of bridge, crown, and denture 		<ul style="list-style-type: none"> Fillings Anesthesia Simple extractions Non-surgical periodontics Oral surgery Endodontics (root canals) Surgical periodontics Repair of crown, bridge, and denture
Class C: Major Services (12-month waiting period—subject to takeover benefits)	<ul style="list-style-type: none"> Inlays and Onlays Crowns, bridges, dentures, and endosteal implants 		<ul style="list-style-type: none"> Inlays and Onlays Crowns, bridges, dentures, and endosteal implants 		<ul style="list-style-type: none"> Inlays and Onlays Crowns, bridges, dentures, and endosteal implants 		<ul style="list-style-type: none"> Inlays and Onlays Crowns, bridges, dentures, and endosteal implants (in lieu of an approved 3-unit bridge)
Class D: Orthodontics (12-month waiting period—subject to takeover benefits) *Orthodontics is only available to groups with 10+ enrolled.	<ul style="list-style-type: none"> Annual maximum: \$500 Separate lifetime maximum: \$1,000 Dependent children to age 19 only 		<ul style="list-style-type: none"> Annual maximum: \$500 Separate lifetime maximum: \$1,000 Dependent children to age 19 only 		<ul style="list-style-type: none"> Annual maximum: \$500 Separate lifetime maximum: \$1,000 Dependent children to age 19 only 		Not Available
Monthly Premium	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
Employee Only	\$48.40	\$48.40	\$42.72	\$42.72	\$38.74	\$38.74	\$38.74
Employee + 1	\$96.80	\$92.48	\$89.46	\$85.14	\$81.66	\$77.40	\$76.92
Family	\$140.58	\$132.04	\$132.26	\$123.72	\$121.02	\$112.48	\$109.58
Plan Choice	<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.

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.