

Plan Design Summary

Plan Overview

Plan Type	PPO
Dental PPO network	Aetna Dental® Administrators
Orthodontic Coverage (Type IV)	Included
Eligibility	Active, FT EE's working at least 30 hours per week
Dependent coverage child(ren)	To age 26
Annual Open Enrollment	NOT INCLUDED
Remove Timely Entrant deferred coverage /waiting period completely	

Calendar Year Deductible

	In Network	Out of Network
Type I/Preventive	\$0	\$0
Type II/Basic	\$25	\$50
Type III/Major	\$25	\$50
Type IV/Orthodontics	\$0	\$0
	Type II, III deductible are combined In Network and Out of Network are combined The Family Deductible is 3 times the per-person Deductible.	Type II, III deductible are combined

Coinsurance

	In Network	Out of Network
Type I/Preventive	100%	100%
Type II/Basic	80%	80%
Type III/Major	60%	50%
Type IV/Orthodontics	50%	50%
Reimbursement Level	Negotiated Fee	80th Percentile

Maximum Benefit

Type I/Preventative	\$2,000 per Person per Calendar Year
Types II & III	\$2,000 per Person per Calendar Year
Type IV	\$1,000 per Person per Lifetime Maximum
	Type I, II, III Maximum are combined

Contributions

Employee coverage	Employee pays portion of the cost of Employee coverage
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Participation requirement

Employee	75% incl valid waivers
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Covered Expenses (Dental continued)

Type I/Preventive services	Coverage limitations
• Preventive Exams	Once per 6 months
• Cleanings	Once per 6 months
• Bitewing Xrays	Once per 12 months
• Panoramic/Full Mouth Xrays	One set per 60 months
• Flouride treatment	Dependent children under age 16, once per 12 months
• Sealants	Dependent children under age 16, once per 36 months
Type II/Basic services	Coverage limitations
• Crowns (Stainless Steel)	Only if tooth cannot be restored by filing, once per 84 months
• Endodontic	Covered once per deciduous tooth
• Minor Oral Surgery	No limitation
• Oral cancer screenings	Once per 24 months
• Periodontal prophylaxis	Twice per 12 months
• Surgical Periodontics & appliances	Each service covered once per quadrant and appliances in any 36 months
• Problem Focused Exams	
• Extraoral Xrays	Once per 6 months
• Occlusal/Periapical Xrays	
• Restoration	Once per 24 months
• Simple Extractions	
• Space Maintainers	Dependent children under age 16
Type III/Major Services	Coverage limitations
• Complex Oral Surgery	
• Crowns (other than steel)	Single restorations, once per 84 months
• Dentures/Bridges/Repairs	Fixed – once per 84 months, Removable – Once per 60 months
• Emergency Treatment	
• General anesthesia	Covered when required for complex oral surgery
• Inlays/Onlays	Once per 84 months for Gold Inlays/Onlays
Type IV/Orthodontics	Coverage limitations
• Orthodontics Services	\$1,000 Lifetime Maximum, Child to age 19

Benefit Enhancement Options Included

- Increase Definition of Dependent Child to age 26
- Move Endodontic to Type II
- Move Surgical Periodontics & appliances to Type II
- Remove Timely Entrant deferred coverage/waiting Period- Missing Teeth Not Covered