



2019 DENTAL PLANS COVERAGE TABLE



LOW PLAN PPO

HIGH PLAN PPO

	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible Individual/Family	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Annual Plan Maximum	\$500	\$500	\$1,500	\$1,500
Waiting Period Late Entrant waiting period may apply	0 months	0 months	0 months	0 months
Diagnostic & Preventive	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services				
Fillings	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%
Periodontics	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%
Major Services	Not covered	Not covered	Plan pays 50%	Plan pays 50%
Orthodontic Services				
Orthodontia	Not covered	Not covered	Plan pays 50%	Plan pays 50%
Lifetime Maximum	N/A	N/A	\$1,000	\$1,000
Dependent Children	N/A	N/A	Covered up to age 19	Covered up to age 19

Monthly Cost of Care	Low Plan	High Plan
Employee Only	\$14.12	\$31.56
Employee + Spouse	\$29.28	\$65.92
Employee + Children	\$42.65	\$82.92
Employee + Family	\$57.81	\$117.28

Effective January 1, 2019