

A summary of the costs and benefits are listed below.

	Monthly Premium	Employer Cost	Employee Cost	Employee Cost Per Pay Period
<i>Employee Only</i>	\$36.68	\$36.68	\$0.00	\$0.00
<i>Employee & Spouse</i>	\$73.32	\$36.68	\$36.64	\$16.91
<i>Employee & Child(ren)</i>	\$83.10	\$36.68	\$46.42	\$21.42
<i>Family</i>	\$118.09	\$36.68	\$81.41	\$37.57

<i>This is intended to be a summary of benefits. For detailed benefit coverage and frequency refer to the dental certificate (to be provided)</i>	<i>In-Network Dentist (Negotiated Fee Schedule)</i>	<i>Out-of-Network Dentist (90% of Reasonable and Customary Charges)</i>
<i>Deductible</i>	\$50 per person; max \$150 per family	\$50 per person, max \$150 per family
<i>Preventive Dental Services:</i> <i>Examples: Cleanings, Exams, Fluoride, Bitewing X-rays</i>	Plan Pays 100% up to calendar year maximum; deductible waived	Plan Pays 100% up to calendar year maximum; deductible waived
<i>Basic Dental Services:</i> <i>Examples: Fillings, Root Canal, Periodontal, Oral Surgery</i>	Plan Pays 90% after deductible up to calendar year maximum	Plan Pays 80% after deductible up to calendar year maximum
<i>Major Dental Services:</i> <i>Examples: Bridges, Crowns, Dentures</i>	Plan Pays 60% after deductible to calendar year maximum	Plan Pays 50% after deductible to calendar year maximum
<i>Calendar Year Maximum Benefit</i>	\$1,750 per person	\$1,750 per person
<i>Orthodontia</i>	Plan Pays 50% up to lifetime maximum for children up to age 19	Plan Pays 50% up to lifetime maximum for children up to age 19
<i>Orthodontia Lifetime Maximum Benefit</i>	\$1,000 per person	\$1,000 per person