

# PLAN DESIGN – DENTAL

Plans may be offered on a Voluntary or Contributory Basis



	Manufacturing  (<500 lives) Benchmark**	OPTION I		OPTION II	OPTION III	OPTION IV	OPITON V
		In Network	Out of Network	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network	In Network / Out of Network
Deductible (Per Person/ Family Max)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Care	NP	100%	80%	100%	100%	100%	100%
Basic Care (Fillings, Extractions, Root Canals)	NP	80%*	50%*	80%*	80%*	80%*	80%*
Major Care (Bridges, Crowns, Dentures)	NP	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontia	NP	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Maximum Annual Benefit (Per Person, Per Year)	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000
Maximum Lifetime Orthodontia Benefit	\$1,500	Not Covered	Not Covered	Not Covered	Not Covered	\$1,000	\$2,000

NP= Not Provided

\* After Deductible

\*\* Mercer 2018 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

Voluntary

Contributory