

Dental Plans



PREMIUM PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Type A - Preventive and Diagnostic	\$0	\$0
Type B - Restorative	\$50 per person	\$100 per person
Type C - Major	Combined with B	Combined with B
Coinsurance		
Type A - Preventive and Diagnostic	100%	80%
Type B - Restorative	80%	60%
Type C - Major	50%	50%
Calendar Year Maximum	\$1,500	\$1,000
Orthodontia		
Deductible (Lifetime)	\$50 per person	\$100 per person
Coinsurance	50%	50%
Maximum Lifetime Benefit	\$2,000 per person	\$1,000 per person

**Type A services do not apply toward calendar year maximum*

CORE PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Type A - Preventive and Diagnostic	\$0	\$0
Type B - Restorative	\$50 per person	\$100 per person
Type C - Major	Combined with B	Combined with B
Coinsurance		
Type A - Preventive and Diagnostic	100%	80%
Type B - Restorative	60%	50%
Type C - Major	40%	30%
Calendar Year Maximum	\$1,000	\$500
Orthodontia		
Deductible (Lifetime)	Not covered	Not covered
Coinsurance	Not covered	Not covered
Maximum Lifetime Benefit	Not covered	Not covered

**Type A services do not apply toward calendar year maximum*

Dental Costs



2022 Costs Per Pay Period (For Full-time and Part-time Employees)

PREMIUM PLAN	Employee Premium per Pay Period	Employer Premium per Pay Period
Employee Only	\$12.68	\$4.23
Employee/Spouse	\$26.65	\$8.88
Employee/Child	\$24.10	\$8.03
Family	\$38.06	\$12.69

CORE PLAN	Employee Premium per Pay Period	Employer Premium per Pay Period
Employee Only	\$9.52	\$3.17
Employee/Spouse	\$19.99	\$6.66
Employee/Child	\$18.09	\$6.03
Family	\$28.55	\$9.52