

Dental, Vision, Term Life, Short Term Disability, & Accidental Loss Benefits

Accidental Loss of Life, Limb & Sight

Employee Amount	\$20,000	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 mos)	\$2,500

Accidental Loss of Life, Limb & Sight is part of the Medical Benefits

Dental Benefits

	Waiting Period	Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
Coverage A	None	80%	Exams, Cleanings, Intraoral Films, and Bitewings			
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
Coverage C	12 Months	50%	Periodontics, Crowns, Endodontics, Bridges and Dentures			

Vision Benefits

	In-Network	Out-of-Network
Eye Examination for Glasses ¹ (including dilation)	Copay: \$10, plan pays 100%	Plan pays \$35, you pay remainder
Frames ²	Plan pays \$110 allowance ⁴	Plan pays \$55
Standard Plastic Lenses for Glasses ¹	Copay: \$25, plan pays 100%	Copay: \$0, plan pays \$25-\$55 ³
Standard Contact Lens Fit ¹	You pay up to \$55	You pay 100% of the price
Premium Contact Lens Fit ¹	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses ¹	Plan pays \$110 allowance ⁴	Plan pays \$88
Contact Lenses Medically Necessary ¹	Plan pays 100%	Plan pays \$200

Term Life Benefits

Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 mos)	\$1,000

Short-Term Disability

Benefit	60% of base pay up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks
---------	--------------------------------------	---------------------------------------	-----------------

¹ Once every 12 months ² Once every 24 months ³ Single Vision: \$25, Bifocal: \$40, Trifocal: \$55 ⁴ Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%

Weekly Premiums	Dental	Vision	Term Life	STD
Employee Only	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$14.58	\$6.54	\$0.90	n/a
Employee + Spouse	\$10.80	\$4.84	\$0.90	n/a
Employee + Family	\$20.52	\$9.20	\$1.80	n/a