

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	
	You Pay	Plan Pays	You Pay ³	Plan Pays
Eye Exam ¹ (including dilation)	\$10 Copay	100%	100%	\$35
Standard Contact Lens Fit Exam (includes follow-up)	Up to \$55	\$0	100%	\$0
Premium Contact Lens Fit Exam (includes follow-up)	100%, after 10% discount	\$0	100%	\$0
Frames (once every 24 months)	80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ^{1,2}	\$25 Copay	100%	100%	\$25-\$55
Contact Lenses (<i>Conventional</i>) (<i>materials only</i>)	85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
Contact Lenses (<i>Disposable</i>) (<i>materials only</i>)	100%, after \$110 allowance	\$110 allowance	100%	\$88
Contact Lenses (<i>Medically Necessary</i>) (<i>materials only</i>)	\$0 Copay	100%	100%	\$200

¹Once every 12 months ²15 higher in AK, CA, HI, OR, WA ³After plan payment

Group 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
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Premiums	Dental		Vision		Term Life		STD	
	weekly	biweekly	weekly	biweekly	weekly	biweekly	weekly	biweekly
Employee Only	\$5.40	\$10.80	\$2.42	\$4.84	\$0.60	\$1.20	\$4.20	\$8.40
Employee + Child(ren)	\$14.58	\$29.16	\$6.54	\$13.08	\$0.90	\$1.80	n/a	-
Employee + Spouse	\$10.80	\$21.60	\$4.84	\$9.68	\$0.90	\$1.80	n/a	-
Employee + Family	\$20.52	\$41.04	\$9.20	\$18.40	\$1.80	\$3.60	n/a	-