

# 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 <sup>3</sup>	Plan Pays
Eye Exam <sup>1</sup> (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) <sup>1,2</sup>	\$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

<sup>1</sup>Once every 12 months <sup>2</sup>15 higher in AK, CA, HI, OR, WA <sup>3</sup>After plan payment

## 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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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

Premiums will be automatically deducted from your paycheck. For weekly payroll cycles the amount is shown above, for other payroll cycles the actual amount deducted will be calculated based on the weekly amount above.