


Healthy *in* Bellin

DENTAL SUMMARY OF BENEFITS 2010

Carrier		
Individual Maximum Benefit Preventive, Basic, Major, and Prosthodontic Services	\$1,000 per calendar year	
Calendar Year Deductible Basic, Major, and Prosthodontic Services	\$75	
Individual	\$75	
Family	\$150	
Preventive Services	Covered expense is payable at 100% of customary, usual, and reasonable charges.	
Basic Services	After deductible, covered expense is payable at 80% of customary, usual, and reasonable charges.	
Major Services	After deductible, covered expense is payable at 50% of customary, usual, and reasonable charges.	
Prosthodontic Services	After deductible, covered expense is payable at 50% of customary, usual, and reasonable charges.	
Orthodontic Services Individual Lifetime Deductible Individual Lifetime Maximum Benefit	\$50	
	\$1,250	
	After deductible, covered expense is payable at 50% of customary, usual, and reasonable charges.	
Monthly Cost Analysis	Cost	
Single	\$33.31	
Employee + 1	\$75.74	
Family	\$93.89	
	Employee Cost	
	Full-time	Part-time
Single	\$8.33(\$3.84/pp)	\$13.32(\$6.15/pp)
Employee + 1	\$18.94(\$8.74/pp)	\$30.30(\$13.98/pp)
Family	\$23.47(\$10.83/pp)	\$37.56(\$17.33/pp)

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

Coverage is effective the first day of the month following date of employment or change of status from an ineligible to an eligible classification. Coverage ceases on the last day worked or last day worked in an eligible classification.