



VISION INSURANCE

Plan year runs from 11.01.2016 thru 10.31.2017

Vision Plan	Full Feature	
	In Network	Out of Network
Exam Copay	\$10 Copay	Up to \$50
Exam Frequency Limit	Once per 12 months	Once per 12 months
Lenses Copay	\$25 Copay	Up to \$40 / \$67 / \$86 / \$126
Lenses Frequency Limit	Once per 12 months	Once per 12 months
Frames Copay	\$25 Copay	Up to \$48
Retail Frame Allowance	\$130	\$130
Frames Frequency Limit	Once per 24 months	Once per 24 months
Contacts Elective Copay	85% of amount over \$130	Up to \$105
Contacts Medically Necessary Copay	\$0	Up to \$210
Contacts Frequency Limit	Once per 12 months	Once per 12 months
Cosmetic Extras	Avg. 40% - 60% off retail	No discounts
Glasses (additional pair of frames and lenses)	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off usual price; 5% off promotional price	No discounts
Dependent Age Limit	26	26

Davis Vision Networks

Plan is administered by Guardian

Visit www.guardiananytime.com for the most recent listing of Vision Providers. Note that you will have a lower out-of-pocket expense if you utilize a vision provider in the network.

Election Level:

Monthly Rates:

Employee Only	\$5.98
Employee and Spouse	\$10.34
Employee and Child(ren)	\$10.54
Family	\$16.67



DENTAL INSURANCE

Plan year runs from 11.01.2016 thru 10.31.2017



Dental Plan	Basic		Enhanced		Premier	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductable						
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150
Annual Maximum	\$750	\$750	\$1,000	\$1,000	\$1,500	\$1,500
Orthodontia Lifetime Maximum	No Coverage	No Coverage	\$1,000	\$1,000	\$1,500	\$1,500
Diagnostic & Preventive Services						
Exams, Cleanings, Fluoride, and Space Maintainers	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Palliative Treatment	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Sealants	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Basic Services						
Fillings, Periodontal Maintenance	80%	50%	80%	60%	80%	80%
Root Canal, Surgical Extractions	No Coverage	No Coverage	80%	60%	80%	80%
Major Services						
Endodontic & Periodontal Services	No Coverage	No Coverage	50%	40%	80%	50%
Oral Surgery	No Coverage	No Coverage	50%	40%	80%	50%
Crowns / Bridges / Dentures / Implants	No Coverage	No Coverage	50%	40%	50%	50%
Prosthodontic Services	No Coverage	No Coverage	50%	40%	50%	50%
Orthodontia Services	No Coverage	No Coverage	50%	50%	50%	50%
Orthodontia Age Limit	N/A	N/A	19	19	19	19

Guardian PPO Networks

The Guardian Dental Plan provides access to one of the largest dental networks in the country. You will receive the biggest discount with PPO dentists. You may see any dentist; however, non-network dentists may balance bill you for amounts considered over Usual & Customary.

For the most current directory of participating Guardian Providers, visit www.guardiananytime.com.

Please note our dental plan is a PPO. Our network is Dental Guard/Preferred

This Benefit guide only highlights the benefits available. For a more complete description, see the Plan Certificate. If any conflict should arise between this summary and the Plan, the Plan's Certificate will govern all access

Election Level:

Employee Only
Employee and Spouse
Employee and Child(ren)
Family

Monthly Rates:

Employee Only	\$16.04	\$31.81	\$38.87
Employee and Spouse	\$33.75	\$64.64	\$86.35
Employee and Child(ren)	\$45.36	\$79.81	\$110.05
Family	\$67.50	\$120.42	\$166.83