



NEW

2020 DENTAL PLAN COVERAGE & PREMIUM SUMMARY

DENTAL PLAN	STANDARD PLAN	NEW ENHANCED PLAN
DEDUCTIBLE		
Individual »	\$50	\$50
Family »	\$150	\$150
ANNUAL MAXIMUM »	\$1,000	\$2,000
PREVENTIVE & DIAGNOSTIC »	100%	100%
BASIC RESTORATIVE / TYPE B »	75%	80%
BASIC RESTORATIVE / TYPE C »	50%	60%
ORTHODONTICS		
Lifetime Maximum »	\$1,000	\$2,000
Adult Ortho »	Not Included	Included

WEEKLY PREMIUM RATES

TIER	STANDARD PLAN	ENHANCED PLAN
Employee Only	\$2.01	\$5.97
Employee + Spouse	\$4.34	\$11.49
Employee + Child(ren)	\$4.83	\$13.01
Employee + Family	\$7.21	\$18.44