

# 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