



# Dental Plan Options

## FY 2018-2019

### Dental II w/ Ortho

Employee Only	Cost: \$0
Employee +Spouse	Cost: \$14.75 per pay period*
Employee + Children	Cost: \$26.75 per pay period*
Employee + Family	Cost: \$32.25 per pay period*

### Highlights

Individual Deductible	Cost: \$50
Family Deductible	Cost: \$100
Orthodontia Services	\$1,000 Lifetime Max
Maximum per plan year (7/1-6/30) for other services (not including orthodontia services)	\$1,000 Plan Year
Basic	80% after deductible
Major	50% after deductible
Missing Tooth	50% after deductible

\*Based on 24 pay periods

### Dental III w/ Ortho

Employee Only	Cost: \$4.75 per pay period*
Employee +Spouse	Cost: \$24.50 per pay period*
Employee + Children	Cost: \$39.75 per pay period*
Employee + Family	Cost: \$46.25 per pay period*

### Highlights

Individual Deductible	Cost: \$50
Family Deductible	Cost: \$100
Orthodontia Services	\$1,000 Lifetime Max
Maximum per plan (7/1-6/30) year for other services (not including orthodontia services)	\$1,500 Plan Year
Basic	80% after deductible
Major	80% after deductible
Missing Tooth	50% after deductible

\*Based on 24 pay periods