Dental benefit overview

Class and eligibility descriptions

Dental insurance	
Option	3
Class	1
Class description	All Full-Time Employees
Employer contribution to employee premium	50%
Employer contribution to dependent premium	0%
Required employee participation	82% of eligible employees
Required dependent participation	60% of eligible dependent units
Minimum hours	30 hours per week, unless otherwise agreed upon
Dependent eligibility*	Spouse Children: birth to age 26
Initial enrollment period	31 days, allows eligible employees to purchase or make changes in their employee or dependent dental coverage. Participation does not change provisions related to the eligibility waiting period.
Future enrollment period	31 days, allows eligible employees to purchase or make changes in their employee or dependent dental coverage. Participation does not change provisions related to the eligibility waiting period.

*Dependent eligibility may vary by state.

Dental benefit overview

Dental schedule of benefits		
Option	3	
Class	1	
Class description	All Full-Time Employees	
Plan	PPO	
Deductible	Annually on a Calendar Year Basis	
	In Network	**Out of Network**
Individual	$50	$50
Family	$150	$150
Deductible applies to:	Type 2 & 3	Type 2 & 3
Benefit Levels		
Type 1 – Diagnostic & Preventative	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontic Services	50%	50%
Benefits Based On	Negotiated Fees	80th Percentile U&C
Maximum Benefit (per covered person):		
Types 1, 2 & 3 combined	$1,500 Per Calendar Year	$1,500 Per Calendar Year
Type 4, while covered by the plan	$2,000 Lifetime	$2,000 Lifetime
Benefit Waiting Period		
Type 2 Expenses	None	
Type 3 Expenses	None	
Type 4 Expenses	None	
	Terms of the Prior Carrier Credit Provision and Continuity of Coverage Provision may apply.	
Late Entrant Limitation		
Type 2 Expenses	None	
Type 3 Expenses	None	
Type 4 Expenses	None	

Dental Covered Services	
Option 3	
Class: 1	
Type 1 Procedures – Diagnostic & Preventive Services	
Routine Oral Examinations	Up to 2 Per Year
Bitewings (including those taken as part of a full-mouth series)	1 Set Per Year
Routine Cleanings in combination with Periodontal Maintenance	Up to 4 Per Year
Fluoride Treatments	Through Age 13; 1 Per Year
Space Maintainers	Through Age 13; 1 Per Lifetime
Sealants	Through Age 13; 1 Per 60 Months
Complete Full-Mouth or Panoramic X-Rays	1 Per 5 Years
Other Dental X-Rays (including Periapical Films)	6 Per Year
Type 2 Procedures – Basic Services	
Problem Focus Exams	4 Per Year
Palliative Treatment (including emergency relief of dental pain)	Included
Injections of antibiotics and other Therapeutic Medications	Included
Fillings	1 Per 24 Months
Prefabricated Stainless Steel & Resin Crowns	Included
Simple Extractions	Included
Biopsy & Examination of Oral Tissue (including Brush Biopsy)	Included
Periodontal Maintenance Procedures following Active Periodontal Therapy (in combination with Routine Cleanings)	4 Occurrences Per Calendar Year
Non-Surgical Periodontal Therapy	
Scaling & Root Planing	1 Occurrence Per 24 Months
Full-Mouth Debridement	1 Per Lifetime
Type 3 Procedures – Major Services	
Consultations	Included
Prosthetic Repair & Recementation Services	Included
Surgical Extractions	Included
Oral Surgery	Included
General Anesthesia & I.V. Sedation	Included
Endodontics (Including Root Canal Treatment)	Included
Periodontal Surgery	1 Per 36 Months
Bridges	1 Per 10 Years
Full & Partial Dentures	1 Per 10 Years
Denture Reline & Rebase Services	Included
Crowns, Inlays, Onlays & Related Services	Age 16 and Above; 1 Per 10 Years
Implants and Related Services	Age 16 and Above; 1 Per 10 Years
Type 4 Procedures – Orthodontics	
Treatment for Children , including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances Orthodontia for children includes coverage to age 19.	

Missing Tooth: This option extends coverage for replacement of natural teeth.

Effective for policies issued on or after January 1, 2022, New Mexico requires specific fully-insured Dental benefits for employees residing in New Mexico regardless of the employer's residing state. These benefits may not be included in this proposal. New Mexico employees will be provided these benefits in a different class or plan at the time of sold case and/or at the time of enrollment into Dental coverage.

Dental benefit overview

Dental insurance rates				
Option:	3	Class:	All Full-Time Employees	
Rate guarantee:	24 months	Total eligible employees:	414	
Effective date:	01/01/2027	Monthly premium:	$4,175.49	
		Tier	Enrolled employees	Monthly rate
		Employee only	48	$53.87
		Employee+spouse	2	$108.76
		Employee+child(ren)	0	$127.52
		Employee+family	7	$196.03

*Dependent eligibility may vary by state.