

Dental & Vision

BCBS DentalBlue (Option 3)		
Benefits	Network	Non-Network
Calendar Year Deductible Individual/Family	\$50 / \$150	\$50 / \$150
Preventative Services (Coverage A) Oral Exams, X-rays, Teeth Cleaning every 6 months Fluoride Treatment for children up to age 19 Topical sealants up age 16, Space maintainers through age 14	100%	100% up to maximum allowable charges
Basic Services (Coverage B) Basic Restorative Services, Basic Endodontics and Periodontics, Basic Oral Surgery	100% after deductible	100% up to maximum allowable charges
Major Services (Coverage C) Major Restorative and Prosthodontics, Implants, Major Endodontics and Periodontics, and Major Oral Surgery	50% after deductible	50% up to maximum allowable charges
Annual Maximum (per calendar year)	\$1,000 per person	
Rates	Deductions	
Employee	\$26.89 Monthly (9 months) / \$13.45 per pay period	
Family	\$70.41 Monthly (9 months) / \$35.21 per pay period	

BCBS VisionBlue		
Benefits	Network	Non-Network
Exam (once every 12 months) *dilation as necessary	\$10 Copay	\$35 allowance
Standard Contact Lens Fit and Follow-Up	\$55 Copay	N/A
Premium Contact Lens Fit and Follow-Up	10% Off Retail	N/A
Lenses (once every 12 months) Single Bifocal Trifocal Standard Progressive Premium Progressive	\$25 Copay \$25 Copay \$25 Copay \$65 Additional Copay \$65 Additional Copay plus 20% retail less \$120 allowance	\$30 Allowance \$45 Allowance \$60 Allowance \$45 Allowance
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch Resistance Standard Polycarbonate (Adult) Standard Polycarbonate (Under Age 19) Standard Anti-Reflective Coating Other Lens Options	\$15 Copay \$15 Copay \$15 Copay \$40 Copay \$0 Copay \$45 Copay 20% Off Retail	N/A N/A N/A N/A \$5 N/A N/A
Contact Lenses (every 12 months in lieu of lenses) Conventional Disposable Medically Necessary	\$0 Copay, \$120 Allowance \$0 Copay, \$120 Allowance Paid-in-Full	\$96 Allowance \$96 Allowance \$200 Allowance
Frames (once every 12 months)	\$0 Copay, \$120 Allowance 20% off balance over allowance	\$60 Allowance
Payroll Rates		
Employee	\$9.38 Monthly (9 Months) / \$4.69 per pay period	
Employee + Spouse	\$17.86 Monthly (9 Months) / \$8.93 per pay period	
Employee + Children	\$18.77 Monthly (9 Months) / \$9.39 per pay period	
Family	\$25.57 Monthly (9 Months) / \$13.79 per pay period	