

### Open Network

#### Dental

Per Calendar Year

Deductible (Individual/Family): \$50 /\$150

Maximum: \$1,000

Basic Diagnostic/Preventative Services: 100%

Basic Restorative Services: 100%

Supplemental Services: 100%

Prosthetic Services: 50%

Periodontics Services: 80%

#### Vision

Per Calendar Year

Glasses or Contacts: \$200 Maximum

Maximum (Individual/Family) \$500/\$1,000

Annual Basic Eye Exam: \$15 copay

Contact Lenses: \$25 copay

Glasses: \$25 copay

#### Dental Rates

Employee \$23

Employee + 1 \$46

Employee + Family \$79

#### Vision Rates

Employee \$17

Employee + 1 \$31

Employee + Family \$43

\*Rates subject to change.