

Colonial Life Dental/Vision

What is available to me?	What does this benefit cover?	What is my cost to participate in this plan?																
Colonial Life Dental & Vision																		
DENTAL																		
<p>There are NO waiting periods for any Major Procedures for new hire employees at initial enrollment.</p>	<p><u>Plan 1(Low Option)</u> Preventative - 100% Basic - 60% Major - 40% Annual deductible \$50 per person/year 3 max Annual Max - \$1000 Portable - Yes, same rate</p> <p><u>Plan 4(High Option)</u> Preventative - \$100% Basic - 80% Major - 50% Ortho - Yes, dependent children to age 19 Annual Deductible \$50 per person/year 3 max Annal Max - \$2000 Portable - Yes, same rate</p>	<p>Plan 1 Rates:</p> <table style="width: 100%;"> <tr> <td>Employee Only</td> <td style="text-align: right;">\$28.38</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$52.99</td> </tr> <tr> <td>Employee + Children</td> <td style="text-align: right;">\$68.52</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$100.58</td> </tr> </table> <p>Plan 4 Rates:</p> <table style="width: 100%;"> <tr> <td>Employee Only</td> <td style="text-align: right;">\$33.14</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$62.59</td> </tr> <tr> <td>Employee + Children</td> <td style="text-align: right;">\$86.27</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$125.56</td> </tr> </table>	Employee Only	\$28.38	Employee + Spouse	\$52.99	Employee + Children	\$68.52	Family	\$100.58	Employee Only	\$33.14	Employee + Spouse	\$62.59	Employee + Children	\$86.27	Family	\$125.56
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VISION																		
<p>(Rider only, not a stand alone policy)</p> <p>*Benefits shown are in network. For out of network see full brochure.</p>	<p>Exam Copay - \$10 Materials \$25 Lenses - Covered by co-pay for single, bifocal, trifocal. Lenticular and progressive \$80/\$70 allowance Frames - \$120 allowance Contacts Elective \$120 allowance Medically necessary \$210 allowance *Contacts are in lieu of frames/lenses</p>	<p><u>Vision Rider:</u></p> <table style="width: 100%;"> <tr> <td>Employee Only</td> <td style="text-align: right;">\$6.25</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$12.35</td> </tr> <tr> <td>Employee + Children</td> <td style="text-align: right;">\$13.00</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$20.35</td> </tr> </table> <p>NOTE: Vision Coverage must be the same type coverage as Dental.</p>	Employee Only	\$6.25	Employee + Spouse	\$12.35	Employee + Children	\$13.00	Family	\$20.35								
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