

Description	Benefits
<b>Dental (All)*</b> Diag & Prev: Basic Services: Major Services: Annual Max: Orthodontics: Lifetime Max: Riders: Plan Year:	06105-07, 08 80% 80% (X-Rays) 80% \$1,000 80% \$1,000 2 Cleanings Jan-Dec
<b>Vision (All)*</b> Plan Year:	VSP 2 S Jan-Dec
<b>Life Insurance (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$450,000
<b>AD&amp;D Coverage (All)*</b> Volume: Total Volume: Rate/\$1,000: Composite:	Volume As Enrolled \$450,000
<b>LTD Benefit (All)*</b> Benefit: Max Monthly Salary: Waiting Period: Alcohol/Drug: Mental/Nervous: Soc. Sec. Offset: Own-Occupation: Pre-Exist Cond.: COLA: SS Freeze: Volume: Rate/\$100: Composite:	66 2/3% Max \$5,000 \$7,500 90 CDMF 2 Year Limitation 2 Year Limitation Primary 2 years Waived No Yes \$41,779