2020 DENTAL RENEWAL				
Dental	**Beta Health**		**Metlife**	
Plan Name	**Alpha**		**Plan B**	
Benefit Overview			In Network	Out of Network
Deductible (Calendar Year)	None		$50/$150	$50/$150
Preventive	Save up to 100%		100%	100%
Basic	Save up to 80%		80%	80%
Endo/Perio	Save up to 60%		80%	80%
Major	Save up to 60%		50%	50%
Waiting Period	No Wait		No Wait	No Wait
Orthodontia	Save up to 23%		50%	50%
Orthodontia Lifetime Max	NA		$1,000	
Annual Maximum	Unlimited		$1500/person	
Comments				
	Current	***Renewal***	***Current***	***Renewal***
Monthly Premium Rates				
Employee Only	$10.58	$10.58	$31.98	$33.58
Employee/Spouse	$19.58	$19.58	$64.11	$67.32
Employee/Child(ren)	$26.78	$26.78	$69.42	$72.89
Family	$32.18	$32.18	$113.66	$119.34

Vision	**Eye Med**	
Plan Name	**CL Vision Select**	
Benefit Overview		
Exam	$10	
Materials	$25	
Frames / Contacts	$130 Allowance	
Frequency / Maximum		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
	Current	***Renewal***
Monthly Premium Rate		
Employee	$4.48	$4.48
Employee + Spouse	$8.50	$8.50
Employee + Child(ren)	$8.95	$8.95
Employee + Family	$13.16	$13.16