



specialists in cost effective dental benefits

THE ELITE VALUE PLAN

(100%-90%-60% coverage with \$1,500 annual maximum)

Plan Benefits	PPO Dentist	Non PPO Dentist
Who's Covered	Primary enrollee working at least 30 hours/week, spouse, and dependent children to age 19 plus dependent full-time students to age 24	
Deductible (per calendar year)	None	\$50/person \$150/family
Maximum Annual Benefit per Calendar Year	\$1,500	\$1,500
Waiting Periods	None	None for current employees; 6 months on major services for new hires
Diagnostic and Preventive Benefits Oral exams (one per year), Xrays, cleanings (two per year), biopsy exams, fluoride treatment and sealants (for children up to age 18 only), space maintainers, consultations	100% of PPO fee schedule covered by plan	100% of MAC covered by plan
Basic Benefits Oral surgery, extractions, fillings, periodontal treatment, and endodontic treatment (root canals)	90% of PPO fee schedule	90% of MAC covered by plan
Major Services Crowns, cast restorations, bridges, partial dentures, and full dentures (the standard plan document will specify certain limitations on these services such as replacement of crowns once every 5 years)	60% of PPO fee schedule	60% of MAC covered by plan
Choice of Dentists	Any PPO participating dentist or specialist	Visit any dentist. Patients are responsible for dentist's charges that exceed the MAC plus any co-payments for services not covered 100% by the plan
Projected Self Funding Rates (may vary based on actual census data)		
Employee	\$24.81	\$24.81
Employee Plus Spouse	\$45.96	\$45.96
Family	\$50.13	\$50.13
Projected Self Funding Rates with Orthodontic Option Added		
Employee	\$29.78	\$29.78
Employee Plus Spouse	\$55.15	\$55.15
Family	\$60.15	\$60.15

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Maximum Allowable Charge	PPO fee schedule; patients will NOT be balance billed if a dentist's fees exceed the PPO fee schedule	The dentist's billed charges up to the 80 th percentile of the National Dental Advisory Fee Survey will be paid by the plan; patients are responsible for the dentist's charges that exceed the MAC plus any co-payments for services not covered 100% by the plan
Orthodontic Option Benefits Annual lifetime maximum (per person)	50% of PPO fee schedule \$1,500	
COBRA Rates	Add 2% to above self funding levels	
Services Not Covered	Services for injuries or conditions covered under Workers Compensation Insurance; cosmetic services; dental services to correct congenital conditions; experimental procedures; therapeutic drugs, pre-medication, or pain relievers; hospital costs or extra charges for hospital treatment; anesthesia (except for general anesthesia that is covered for medical necessity); extra-oral grafts, implants, or related services; treatment related to TMJ and associated conditions	
Plan Reserves	Self funding estimates are projected to cover all costs for dental claims and third party administration; if utilization is lower than projected, plan reserves can be rolled into subsequent years and self funding levels can be adjusted downward to reflect actual utilization for the specific group	

Submit complete census to PESC Administrators for a more precise quote of self-funding levels for The Elite Value Plan.

NOTE: Self-funding levels could be lowered an additional 25% by using the PPO fee schedule as the Maximum Allowable Charge for out-of-network services.