



# Individual Plan Comparison

PLAN	Student Dental	Individual Dental	Senior Value Dental	Senior Value Dental with Superior Vision																																																												
<b>AGE GROUP</b>	Any Full or Part Time Student (18 years old and older)	Any Person 18 Years Old or Older	Any Person 50 Years Old or Older	Any Person 50 Years Old or Older																																																												
<b>PLAN DETAILS</b>	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	see Senior Value Dental Details Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10   Materials: \$25																																																												
<b>PLAN COSTS</b>	<table border="1"> <thead> <tr> <th></th> <th>Monthly</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$24</td> <td>\$264</td> </tr> <tr> <td>Two Persons:</td> <td>\$44</td> <td>\$504</td> </tr> <tr> <td>Family:</td> <td>\$59</td> <td>\$684</td> </tr> <tr> <td>Large Family:</td> <td>\$79</td> <td>\$924</td> </tr> </tbody> </table>		Monthly	Annual	Single:	\$24	\$264	Two Persons:	\$44	\$504	Family:	\$59	\$684	Large Family:	\$79	\$924	<table border="1"> <thead> <tr> <th></th> <th>Monthly</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$29</td> <td>\$324</td> </tr> <tr> <td>Two Persons:</td> <td>\$49</td> <td>\$564</td> </tr> <tr> <td>Family:</td> <td>\$69</td> <td>\$804</td> </tr> <tr> <td>Large Family:</td> <td>\$89</td> <td>\$1,044</td> </tr> </tbody> </table>		Monthly	Annual	Single:	\$29	\$324	Two Persons:	\$49	\$564	Family:	\$69	\$804	Large Family:	\$89	\$1,044	<table border="1"> <thead> <tr> <th>Dental Only</th> <th>Monthly</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$27</td> <td>\$300</td> </tr> <tr> <td>Two Persons:</td> <td>\$44</td> <td>\$498</td> </tr> <tr> <td>Family:</td> <td>\$59</td> <td>\$678</td> </tr> <tr> <td>Large Family:</td> <td>\$79</td> <td>\$918</td> </tr> </tbody> </table>	Dental Only	Monthly	Annual	Single:	\$27	\$300	Two Persons:	\$44	\$498	Family:	\$59	\$678	Large Family:	\$79	\$918	<table border="1"> <thead> <tr> <th>Dental and Vision</th> <th>Monthly</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$40</td> <td>\$450</td> </tr> <tr> <td>Two Persons:</td> <td>\$67</td> <td>\$768</td> </tr> <tr> <td>Family:</td> <td>\$98</td> <td>\$1,146</td> </tr> <tr> <td>Large Family:</td> <td>\$118</td> <td>\$1,386</td> </tr> </tbody> </table>	Dental and Vision	Monthly	Annual	Single:	\$40	\$450	Two Persons:	\$67	\$768	Family:	\$98	\$1,146	Large Family:	\$118	\$1,386
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<b>ANNUAL MAXIMUMS</b>	Primary Care: \$2000 Specialty Care: \$500	Primary Care: \$2000 Specialty Care: \$500	Primary Care: \$2500 Specialty Care: \$500	Primary Care: \$2500 Specialty Care: \$500 Vision: N/A																																																												
<b>WAITING PERIOD</b>	Primary Care: None Specialty Care: 6 Months	Primary Care: None Specialty Care: 6 Months	Primary Care: None Specialty Care: 6 Months	Primary Care: None Specialty Care: 6 Months Vision: None																																																												

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See Superior Vision Individual Plan Benefits for optional vision coverage details.  
DENCAP and Superior Vision are network based plans; out-of-network benefits are not covered.  
\* PERCENTAGES APPROXIMATE, Based on Member Co-Payments as Listed in Schedule of Benefits

