



2019 Ancillary Plan Options

Dental and Vision Bundle

DENTAL - ANTHEM BLUE CROSS		
DEDUCTIBLE	In Network	Non-Network
Individual	\$50	\$50
Family	3x Individual Ded	3x Individual Ded
Waived Tier for Deductible	Tier 1	Tier 1
TIER COPAYS		
Tier 1 Diagnostic & Preventative	100%	100%
Tier 2 Basic Services	80%	80%
Tier 3 Major Services	50%	50%
Tier 4 Orthodontia	50%	50%
Tier 1-3 Benefit Maximum	\$1,500	\$1,500
Tier 4 Benefit Maximum	\$1,500	\$1,500

DENTAL AND VISION BUNDLE RATES	
EE	\$44.36
EE + SP	\$85.52
EE + CH	\$93.86
FAM	\$132.83

VISION - METLIFE		
DEDUCTIBLE	In Network Copay	Frequency
Exams	\$10	12 Months
Frames	\$200 allowance	12 Months
FRAME ALLOWANCES		
Single Vision	\$25	12 Months
Bifocal	\$25	12 Months
Trifocal	\$25	12 Months
Polycarbonate	\$25	12 Months
Anti-Reflective Coating	up to \$41 - \$85 copay	12 Months
Progressive Lenses	up to \$55 copay (standard)	12 Months