

Class Description	All Active Full Time Employees in Low VOL Option (30 Hours)	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	60%	60%
Type C – Major	50%	50%
Calendar Year Deductible applies to:	B & C	B & C
▪ Individual	\$50	\$50
▪ Family	\$150	\$150
	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,000	\$1,000
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
All Active Full Time Employees in Low VOL Option		
▪ Employee Only		\$26.92
▪ Employee + Spouse		\$54.52
▪ Employee + Child(ren)		\$65.56
▪ Employee + Family		\$102.70