

Class Description	All Active Full Time Employees in High VOL Option (30 Hours)	
	In-Network	Out-of-Network*
<b>Reimbursement</b>	Negotiated Fee Schedule	R&C 90th Percentile
<b>Type A – Preventive</b>	100%	100%
<b>Type B – Basic</b>	80%	80%
<b>Type C – Major</b>	50%	50%
<b>Calendar Year Deductible applies to:</b>	B & C	B & C
▪ <b>Individual</b>	\$50	\$50
▪ <b>Family</b>	\$150	\$150
	Aggregate	Aggregate
<b>Calendar Year Maximum (applies to A,B,C services)</b>	\$1,200	\$1,200
<b>Orthodontia</b>	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,250	\$1,250
All Active Full Time Employees in High VOL Option		
▪ <b>Employee Only</b>		\$30.64
▪ <b>Employee + Spouse</b>		\$62.24
▪ <b>Employee + Child(ren)</b>		\$74.52
▪ <b>Employee + Family</b>		\$116.72