OGDEN-WEBER CHAMBER SPONSORED INSURANCE PLAN

EMPLOYER GUIDE





TABLE OF CONTENTS

▼	Welcome Message	.3
	Angle Health Medical Plans	.4
▼	EMI Dental Plans	.8
▼	Equitable Life, Accident, Critical Illness, Hospital Indemnity Plans	. 13
▼	Opticare Vision Plan	. 15
▼	Teladoc Telehealth Plan	.17
▼	MetLife Identity Protection	18
▼	Plan Comparison	.19
	Frequently Asked Questions	. 21



Dear Chamber Members,

After many years of working with partners to create a viable health insurance offering, we are excited to share with you the Ogden-Weber Chamber Sponsored Insurance Plan. This plan has been designed to provide you, our loyal members, with a comprehensive and affordable insurance solution that meets the needs of you, your business and employees.

As a business owner and Chamber member, you know the value of providing quality insurance benefits to your employees. With the Chamber plan, we've connected with top-rated insurance carriers to offer a variety of coverage options, providing you with the flexibility to choose the right plan which can be tailored to your organization's health insurance needs. Our intent is to enable you to provide a real and holistic healthcare package for your employees.

Enrolling in the plan is convenient and hassle-free. Our streamlined enrollment process provides you with one platform to sign up quickly and easily. Managing the plan is equally convenient with easy, one-source billing for all benefits.

We understand that cost is a significant factor when it comes to providing employee benefits. That's why our plan premiums are based on the size and strength of the Chamber, enabling you to tap into that bargaining power for the best rates possible while maintaining quality coverage.

Our partners who manage the plan are available to support you in navigating the insurance landscape, answering questions, and addressing any concerns you may have.

We believe that the Ogden-Weber Chamber Sponsored Insurance Plan will help your business attract and retain the best talent, providing the benefits your employees need to thrive. We're excited to serve you and your employees.

Sincerely,

Chuck Leonhardt President & CEO Ogden-Weber Chamber of Commerce



MEDICAL PLANS

Angle



Welcome To Angle

Re-imagining the health insurance experience

Born out of frustration from the personal healthcare experiences of our team, we founded Angle Health to bring a truly technology-enabled solution to health insurance. One where members don't have to spend hours navigating the complex maze of health systems and left to "figure out" their health insurance in order to access the right care.



Our health plans are built for the digital-forward employee, and designed with the "whole person" in mind which doesn't require a PhD in health insurance to understand. Our fully digital platform delivers a personalized member experience that centers around ease of use, personalization, and better access to care.



We take the burden off the member in navigating the healthcare system.

Our Vision & Values

Bring transparency, simplicity, and humanity to healthcare so that people can live their best lives.

Member First	Lead With Empathy	Innovate
Our team strives to build the Angle experience around the true needs of the member before anything else.	Every product and service we build starts by looking at a problem with empathy. Because every stakeholder's needs are unique.	Our goal is to build the healthcare tools of the future without the legacy standards that limit our ability to innovate.

Our Investors

Angle Health is backed by top healthcare and technology investors with billions of dollars in assets under management and a consistent track record of success.

MEDICAL PLANS

Angle

Angle Health Care Team



Angle Health CareTeam

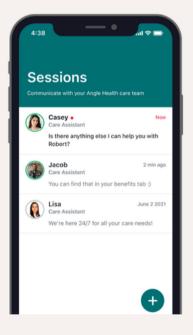
Angle does the heavy lifting so you don't have to. Members have access to resources and real-time chat with Angle's care team (a dedicated cadre of licensed nurses and healthcare professions to guide members through the entire care journey). Our care team helps you navigate the complex healthcare system with convenient and friendly human support so you don't have to bear all the burden.

Member Services

- Concierge service with a focus on making wellness easy.
- Expert counseling in navigating the ins and outs of our convoluted health system.
- Single touch-point solutions with an actual human on the other end.

Clinical Management Services

- 1 on 1 clinical support available via chat, email, & phone
- an on-call nurses available to field questions and provide expert clinical guidance through your wellness journey.



Contact Us

Phone: 855-937-1855 | E-mail: careteam@anglehealth.com | Chat: Angle Health App

TRADITIONAL MEDICAL PLANS

Angle Health <> Ogden-Weber Chamber Plan Designs

Ogden-Weber Chamber PLAN DESIGN	500 Traditional	1000 Traditional	1500 Traditional	2000 Traditional	2500 Traditional
Deductible					
Individual	\$500	\$1,000	\$1,500	\$2,000	\$2,500
Family	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
Out-of-pocket Max					
Individual	\$2,000	\$3,000	\$3,000	\$4,000	\$4,000
Family	\$4,000	\$6,000	\$6,000	\$8,000	\$8,000
Primary Care Provider (PCP)	\$20	\$25	\$25	\$25	\$25
Secondary Care Provider (SCP)	\$40	\$45	\$45	\$45	\$45
Urgent Care	\$40	\$50	\$50	\$50	\$50
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Inpatient/outpatient Services	20% AD	20% AD	20% AD	20% AD	20% AD
Emergency Room	\$100 AD	\$100 AD	\$125 AD	\$125 AD	\$150 AD
PT/ST/OT	\$40 AD	\$45 AD	\$45 AD	\$45 AD	\$45 AD
Chiropractic	\$40	\$45	\$45	\$45	\$45
Prescription Drug Coverage					
Tier 1	\$7	\$10	\$10	\$10	\$10
Tier 2	\$21	\$25	\$25	\$25	\$25
Tier 3	\$42	\$45	\$45	\$45	\$45
Tier 4	\$100	\$100	\$100	\$100	\$100

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits.

HSA QUALIFIED MEDICAL PLANS

Angle Health <> Ogden-Weber Chamber Plan Designs

Ogden-Weber Chamber PLAN DESIGN	1500 HDHP HSA Qualified	2500 HDHP HSA Qualified	3500 HDHP HSA Qualified	6450 HDHP HSA Qualified
Deductible				
Individual	\$1,500	\$2,500	\$3,500	\$6,450
Family	\$3,000	\$5,000	\$7,000	\$12,900
Out-of-pocket Max				
Individual	\$3,000	\$4,000	\$4,500	\$6,450
Family	\$6,000	\$8,000	\$9,000	\$12,900
Primary Care Provider (PCP)	\$15 AD	\$15 AD	\$15 AD	Covered 100% AD
Secondary Care Provider (SCP)	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Urgent Care	\$35 AD	\$35 AD	\$35 AD	Covered 100% AD
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Inpatient/outpatient Services	20% AD	20% AD	20% AD	Covered 100% AD
Emergency Room	\$75 AD	\$75 AD	\$75 AD	covered 100% AD
PT/ST/OT	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Chiropractic	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Prescription Drug Coverage				
Tier 1	\$7 AD	\$7 AD	\$7 AD	Covered 100% AD
Tier 2	\$21 AD	\$21 AD	\$21 AD	Covered 100% AD
Tier 3	\$42 AD	\$42 AD	\$42 AD	Covered 100% AD
Tier 4	\$100 AD	\$100 AD	\$100 AD	Covered 100% AD

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits.

DENTAL PLANS - CHOICE PPO



Corporate (801)262-7475 Customer Service (800)662-5851 <u>EMIHealth.com</u>

Plan:	Choice PPO				
Underwritten & Administered by:		Educators Health Plans Life, Accident & Health, a Utah Company			
Effective Date:	5/1/2023 through 1/1/2024				
Benefit Year:	Calendar				
Plan Type:	Contributory / Fully Insured				
Proposal Date:	5/1/2023				
Employer Contribution Requirement:	50%				
Minimum Participation Requirement:	75% of Eligible (Minimum of 2 enro	lled)			
Rate Guarantee:	2 Year				
Proposal Valid:	Up to the proposed effective date		_		
	In-Network	In-Network			
	(Advantage <u>Plus</u> Network)	(Premier Network)	Out-of-Network		
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to MAC*		
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to MAC*		
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*		
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%		
Adults	Discount Only	Discount Only	No Coverage		
Endodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major		
Periodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major		
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic		
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic		
Waiting periods					
Type 2 - Basic		None			
Type 3 - Major		None			
Type 4 - Orthodontics		None			
Deductible	In and C	Out of Network Deductibles are Com	bined		
Per Person	\$0.00	\$50.00	\$50.00		
Family Max	\$0.00	\$150.00	\$150.00		
Deductible Applies To	N/A	Type 2 & Type 3	Type 2 & Type 3		
Annual Maximum Per Person	\$2,000.00	\$1,0	00.00		
	All max	kimums are combined up to limits at	oove		
Orthodontic Lifetime Maximum		\$1,000.00			
Network / Reimbursement Schedule	Advantage Plus	Premier	Premier		
Monthly Rates					
Employee		\$30.30			
Two-Party		\$63.20			
Family		\$106.70			
Provisions / Limitations / Evolusions					
Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings a	nd Eluoride		2 per year		
Fluoride	na i nonue		Up to age 16		
Sealants			Up to age 16		
Space Maintainers			Up to age 16		
Bitewing X-Rays			Up to 4, twice per year		
Periapical X-Rays			6 per year		
Panoramic X-Ray			1 every 3 years		
Impacted Teeth	tion of immediate the set A		Covered in Type 2 - Basic		
Anesthesia - (Age 8 and over for the extract	* /		Covered in Type 3 - Major*		
Anesthesia - (For children age 7 and under	, once per year)		Covered in Type 3 - Major*		
Implants / Implant Abutments Crowns, Pontics, Abutments, Onlays and D	anturae		Not Covered 1 every 5 years per tooth		
Fillings on the same surface	UNKUUU		1 every 18 months		
	ble Charge (MAC). When using a Non-participating Provider, th	e insured is responsible for all fees in excess of			
	** Anesthesia is not subject to waiting p				

EHPL.D.CHOICE.OUT.B

8

DENTAL PLANS - ADVANTAGE CO-PAY

EMI	HEALTH	IM

Corporate (801)262-7475 Customer Service (800)662-5851 <u>EMIHealth.com</u>

Plan:	Advantage Co. Pov			
	Advantage Co-Pay	ant & Haalth a Litah Common		
Underwritten & Administered by:	Educators Health Plans Life, Accide	ent & Health, a Utan Company		
Effective Date:	5/1/2023 through 1/1/2024			
Benefit Year:	Calendar			
Plan Type:	Contributory / Fully Insured			
Proposal Date:	5/1/2023			
Employer Contribution Requirement:	50%			
Minimum Participation Requirement:	75% of Eligible (Minimum of 2 enrolled)			
Rate Guarantee:	2 Year			
Proposal Valid:	Up to the proposed effective date			
	In-Network	Out-of-Network		
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule		
Type 2 - Basic	See Co-Pay Schedule	See Claim Payment Schedule		
Fillings, Oral Surgery				
Type 3 - Major	See Co-Pay Schedule	See Claim Payment Schedule		
Crowns, Bridges, Prosthodontics				
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage		
Adults	Discount Only	No Coverage		
Endodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule		
Periodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule		
Sealants	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule		
Space Maintainers	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule		
Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage		
	neral and pediatric dentists. If participating specialists (including, but no re used, insureds receive a discount only. There is no benefit for non-p			
Waiting periods				
Type 2 - Basic	Non	e		
Type 3 - Major	Non	e		
Type 4 - Orthodontics	N/A	N/A		
Deductible				
Per Person	\$0.00	\$0.00		
Family Max	\$0.00	\$0.00		
Deductible Applies To	N/A	N/A		
Annual Maximum Per Person	Non	9		
Orthodontic Lifetime Maximum	N/A	4		
Network / Reimbursement Schedule	Advantage	Advantage		
Monthly Rates				
Employee	\$18.2			
Two-Party	\$37.7			
Family	\$60.2	0		
Provisions / Limitations / Exclusions	1			
Exams (including Periodontal), Cleanings and Fluori	de	2 per year		
Fluoride		Up to age 16		
Sealants		Up to age 16		
Space Maintainers		Up to age 16		
Bitewing X-Rays		Up to 4, twice per year		
Periapical X-Rays		6 per year		
Panoramic X-Ray		1 every 3 years		
Impacted Teeth	anacted teeth only)	Covered in Type 2 - Basic		
Anesthesia - (Age 8 and over for the extraction of im Anesthesia - (For children age 7 and under, once pe		Covered in Type 3 - Major*		
	n year)	Covered in Type 3 - Major* Covered in Type 3 - Major		
Implants / Implant Abutments		1 every 5 years per tooth		
Crowns, Pontics, Abutments, Onlays and Dentures Fillings on the same surface		1 every 5 years per tooth 1 every 18 months		
•	When using a Non-participating Provider, the insured is responsible for			
	* Anesthesia is not subject to waiting periods.			
Co	Pays are subject to change January 1st of each year.			
HPL D ADV COPAY OUT B				

DENTAL PLANS - ADVANTAGE CO-PAY



Advantage Co-Pay (Utah) Co-Pay & Claim Payment Sample Schedule Effective 1/1/2023

Corporate (801)262-7475 Customer Service (800)662-5851 emihealth.com

D120 PERNODIC CPAL EVALUATION - REGREMENT 0 20% Discount D0140 UMITED GRAL EVALUATION - REGREMENT FOCUSED 0 20% Discount D0210 INTRAORAL CARLEY SERIES OF RANDOR APPLIC MARCES (Including bitwingc) 0 20% Discount D0220 INTRAORAL CARLE SERIES OF RANDORGAPHIC IMAGES 0 20% Discount D02203 INTRAORAL-PERNAPICAL EXAR ADDITIONAL FILM 0 20% Discount D02270 BITENINGS - NICE ADDIGORAPHIC IMAGES 0 20% Discount D02272 BITENINGS - NICE ADDIGORAPHIC IMAGES 0 20% Discount D02272 BITENINGS - NICE ANDORGAPHIC IMAGES 0 20% Discount D02272 BITENINGS - NICE ANDORGAPHIC IMAGES 0 20% Discount D1208 FORPHIVASIS - ANDUT 0 20% Discount D1208 FORPHIVASIS - CHILD 0 20% Discount D12109 FORPHIVASIS - CHILD 0 20% Discount D12109 FORPHIVASIS - CHILD 0 20% Discount D12101 PROPARIASIS-CHILD 0 20% Discount D12109 <td< th=""><th>it-of-Network aim Payment</th></td<>	it-of-Network aim Payment
D0150 COMP ORAL EVALUATION - NEW OR EST PATIENT 0 20% Discount D0210 INTRAORAL -PERIAPICAL FIRST RADIOGRAPHIC IMAGES 0 20% Discount D0220 INTRAORAL -PERIAPICAL FIRST RADIOGRAPHIC IMAGE 0 20% Discount D0220 INTRAORAL -PERIAPICAL FIRST RADIOGRAPHIC IMAGE 0 20% Discount D0270 BITEWING - SINCE RADIOGRAPHIC IMAGE 0 20% Discount D0271 BITEWINGS - TWO RADIOGRAPHIC IMAGE 0 20% Discount D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGE 0 20% Discount D1102 PROPHYLAXS - CHILD 0 20% Discount D1308 POROHYLAXS - CHILD 0 20% Discount D1310 PROPHYLAXS - CHILD OF ELVCL VARISH (Ywrly age limits of the plan) 0 20% Discount D1331 SEALANT - PER TOOTH (Ywrly age limits of the plan) 14 20% Discount D2140 AMALGMA - INKES URFACES PRIMARY OR PERMANENT 21 20% Discount D21410 AMALGMA - INKES URFACES PRIMARY OR PERMANENT 21 20% Discount D21410 AMALGMA - INKES URFACES PRIMARY OR PERMANENT	22
D0210 INTRACRAL-COMPLETE SENES OF RADIOGRAPHIC IMAGES (including bitwings) 0 20% Discount D0220 INTRACRAL-PERIAPICAL FIEST RADIOGRAPHIC IMAGE 0 20% Discount D02230 INTRACRAL-PERIAPICAL FIEST RADIOGRAPHIC IMAGE 0 20% Discount D02270 BITEWINGS - TWO RADIOGRAPHIC IMAGES 0 20% Discount D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGES 0 20% Discount D0330 PANOPAMIC ADDIOGRAPHIC IMAGES 0 20% Discount D0330 PANOPAMIC ADDIOGRAPHIC IMAGES 0 20% Discount D11102 PROPHYLAXIS - CHULO 0 20% Discount D12031 SELAINT - PERT CONTRA VICAN CE 0 20% Discount D1351 SELAINT - PERT CONTRA VICAN CE REACL VARINENT 21 20% Discount D1351 SELAINT - PERT CONTRA VICAN CE REMANENT 21 20% Discount D1351 SELAINT - PERT CONTRA VICAN PERMANENT 21 20% Discount D2161 AMALCAM - THEE SURFACES PRIMARY CR PERMANENT 21 20% Discount D2318 RESIN ASSED COMPOSITE - TWO SURFACES NITERIOR 41	19
D0210 INTRACRAL-COMPLETE SENES OF RADIOGRAPHIC IMAGES (including bitwings) 0 20% Discount D0220 INTRACRAL-PERIAPICAL FIEST RADIOGRAPHIC IMAGE 0 20% Discount D0230 INTRACRAL-PERIAPICAL-FERST RADIOGRAPHIC IMAGE 0 20% Discount D0270 BITEWINGSTWO RADIOGRAPHIC IMAGES 0 20% Discount D0271 BITEWINGSFOUR RADIOGRAPHIC IMAGES 0 20% Discount D0330 PANORAMIC RADIOGRAPHIC IMAGES 0 20% Discount D1102 PROPHYLAXS - ADULT 0 20% Discount D1120 PROPHYLAXS - CHILD 0 20% Discount D1351 SELAMT - PER TOH MVindry gate into a fire plan) 14 20% Discount D1351 SELAMT - PER TOH MVindry gate into a fire plan) 14 20% Discount D1351 SELAMT - PER TOH MVindry gate into a fire plan) 14 20% Discount D1351 SELAMT - PER TOH MVindry gate into a fire plan) 14 20% Discount D2161 AMALGAM - HIRE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2316 SELAMT - PER TOH MVindry gate into a fire plan	22
D0220 INTRACRAL_PERIAPICAL_FERST RADIOGRAPHIC IMAGE 0 20% Discount D0230 INTRACRAL_PERIAPICAL_ECHA CONTONIAL FILM 0 20% Discount D0270 BITEMINGS - FOUR RADIOGRAPHIC IMAGES 0 20% Discount D0271 BITEMINGS - FOUR RADIOGRAPHIC IMAGES 0 20% Discount D0272 BITEMINGS - FOUR RADIOGRAPHIC IMAGES 0 20% Discount D1101 PRORMAC RADIOGRAPHIC IMAGE 0 20% Discount D11102 PROPHYLAXIS - CHILD 0 20% Discount D1208 FOPRIALAYIS - CHILD 0 20% Discount D1315 SEALANT - PER TOOTH ("Writy age limits of the plan) 14 20% Discount D1316 SEALANT - PER TOOTH ("Writy age limits of the plan) 14 20% Discount D2140 AMAICAMA - TWO SURFACES PRIMARY OR PERMANENT 21 20% Discount D2150 AMAICAMA - TWO SURFACES PRIMARY OR PERMANENT 21 20% Discount D2150 AMAICAMA - TWO SURFACES PRIMARY OR PERMANENT 21 20% Discount D2150 AMAICAMA - TWO SURFACES PRIMARY OR PERMANENT 21 20%	40
DD230 INTRARAL-PERAPICAL-BOL ADDITIONAL FILM 0 20% Discount DD271 BITEMINGS - TWO RADIOGRAPHIC IMAGE 0 20% Discount DD272 BITEMINGS - TWO RADIOGRAPHIC IMAGES 0 20% Discount DD330 PANGRAMC RADIOGRAPHIC IMAGES 0 20% Discount D0330 PANGRAMC RADIOGRAPHIC IMAGE 0 20% Discount D1110 PROPHYLANS - ADULT 0 20% Discount D1205 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("verify age limits of the plan) 0 20% Discount D1351 SEALANT - PER TODIT IVverify age limits of the plan) 0 20% Discount 20% Discount D2160 AMALGAM - TWO SURFACE SPRIMARY OR PERMANENT 21 20% Discount 225 D2161 AMALGAM - TWO SURFACE SPRIMARY OR PERMANENT 36 20% Discount 2230 D2331 RESIN-BASE D COMPOSITE - TWO SURFACE SANTERIOR 41 20% Discount 2234 D2341 RESIN-BASE D COMPOSITE - TWO SURFACE SANTERIOR 41 20% Discount 2235 D2331 RESIN-BASE D COMPOSITE - TWO SURFACES ANTERIOR 57	9
D0270 BTEWING - SINGLE RADIOGRAPHIC IMAGE 0 20% Discount D0272 BTEWINGS - FOUR RADIOGRAPHIC IMAGES 0 20% Discount D0274 BTEWINGS - FOUR RADIOGRAPHIC IMAGES 0 20% Discount D0330 PANORAMIC RADIOGRAPHIC IMAGE 0 20% Discount D1110 PROPHYLANS - ADUIT 0 20% Discount D1208 TOPICAL APPLCATION OF FLUORIDE EXCL VARNISH ("Verify age limits of the plan) 0 20% Discount D1304 TOPICAL APPLCATION OF FLUORIDE EXCL VARNISH ("Verify age limits of the plan) 0 20% Discount D13105 SEALANT - PER TOD'H ("Werify age limits of the plan) 14 20% Discount D2140 AMALGAM - TWO SUPFACE SINRARY OR PERMANENT 21 20% Discount D2161 AMALGAM - TIMES SUPFACES SINRARY OR PERMANENT 41 20% Discount D2331 RESIN-BASED COMPOSITE - ONE SUPFACE SANTERIOR 41 20% Discount D2332 RESIN-BASED COMPOSITE - ONE SUPFACE SANTERIOR 52 20% Discount D2332 RESIN-BASED COMPOSITE - THREE SUPFACE SOSTERIOR 57 20% Discount D2332 <	8
D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGES 0 20% Discount D0274 BITEWINGS - CNIR RADIOGRAPHIC IMAGES 0 20% Discount D0330 PAINGRAMIC RADIOGRAPHIC IMAGE 0 20% Discount D1110 PROPHYLANS - ADULT 0 20% Discount D1120 PROPHYLANS - CHLD 0 20% Discount D1208 TOPICAL APPLICATION OF LUORIDE EXCL VARINSH (Verty age limits of the plan) 0 20% Discount D12151 SEALANT - PRE TOURINCE EXCL VARINSH (Verty age limits of the plan) 14 20% Discount D2160 MAALGAM - ONE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2160 MAALGAM - THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2161 AMALGAM - THREE SURFACES PRIMARY OR PERMANENT 41 20% Discount D2331 RESIN-BASE D COMPOSITE - TWO SURFACES ANTERIOR 46 20% Discount D2332 RESIN-BASE D COMPOSITE - TWO SURFACE SANTERIOR 52 20% Discount D2333 RESIN-BASE D COMPOSITE - TWO SURFACE SPOSTERIOR 57 20% Discount D2334 RESIN-BASE D COMPOSITE - TWO	10
D0274 BITEWINGS. FOUR RADIOGRAPHIC IMAGES 0 20% Discount D0330 PANORAMIC RADIOGRAPHIC IMAGE 0 20% Discount D1110 PROPHYLAXS. ADULT 0 20% Discount D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (Verty age limits of the plan) 0 20% Discount D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (Verty age limits of the plan) 0 20% Discount D1315 SEALANT. PER TOOTH (Verty age limits of the plan) 14 20% Discount D2140 MAMLGAM. TWO SURFACE SPRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM. TWO SURFACE SPRIMARY OR PERMANENT 26 20% Discount D2161 AMALGAM. THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2331 RESIN-BASE D COMPOSITE - ONE SURFACES ANTERIOR 41 20% Discount D2332 RESIN-BASE D COMPOSITE - UNE SURFACES ANTERIOR 52 20% Discount D2332 RESIN-BASE D COMPOSITE - UNE SURFACES POSTERIOR 57 20% Discount D2332 RESIN-BASE D COMPOSITE - UNE SURFACES POSTERIOR 57 20% Discount D2332	14
D0330 PANORAMIC RADICGRAPHIC IMAGE 0 20% Discount D1110 PROPHYLAXS - ADULT 0 20% Discount D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("Verify age limits of the plan) 0 20% Discount D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("Verify age limits of the plan) 0 20% Discount D12161 SEALANT - PER TOOTH ("Verify age limits of the plan) 14 20% Discount D2140 AMALGAM - ONE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM - THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2131 RESIN-BASED COMPOSITE - TWO SURFACES INTERIOR 41 20% Discount D2332 RESIN-BASED COMPOSITE - TWO SURFACES INTERIOR 42 20% Discount D2333 RESIN-BASED COMPOSITE - THE SURFACE SINTERIOR 41 20% Discount D2335 RESIN-BASED COMPOSITE - THE SURFACE SINTERIOR 57 20% Discount D2332 RESIN-BASED COMPOSITE - THE SURFACE SINTERIOR 67 20% Discount D2394 RESIN-BASED COMPOSITE - THRE SURFACES POSTERIOR 57 20% Discount <t< td=""><td>19</td></t<>	19
D1110 PROPHYLANSS - ADULT 0 20% Discount D11208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("Verity age limits of the plan) 0 20% Discount D12361 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("Verity age limits of the plan) 0 20% Discount D1351 SEALATT - FER TOOTH ("Verity age limits of the plan) 14 20% Discount D2140 MAALGAM - TWO SURFACES PRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM - TWO SURFACES PRIMARY OR PERMANENT 26 20% Discount D2161 AMALGAM - TWO SURFACES PRIMARY OR PERMANENT 41 20% Discount D2331 RESIN-BASED COMPOSITE - TO SURFACES ANTERIOR 41 20% Discount D2332 RESIN-BASED COMPOSITE - THORE SURFACE SATTERIOR 41 20% Discount D2332 RESIN-BASED COMPOSITE - THORE SURFACE SOTERIOR 57 20% Discount D2339 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 67 20% Discount D2339 RESIN-BASED COMPOSITE - TWO SURFACES SOTERIOR 67 20% Discount D2339 RESIN-BASED COMPOSITE - TWO SURFACES SOTERIOR 67 20% Discount	41
D1120 PROPHYLAMS - CHILD 0 20% Discount D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH ("Verify age limits of the plan) 0 20% Discount D1361 SEALANT - PER TOOTH ("Verify age limits of the plan) 14 20% Discount D2160 MALIGAM - ONE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2160 MALIGAM - TUREE SURFACES PRIMARY OR PERMANENT 26 20% Discount D2161 MALIGAM - TUREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2330 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 41 20% Discount D2332 RESIN-BASED COMPOSITE - TWO SURFACES INTERIOR 52 20% Discount D2333 RESIN-BASED COMPOSITE - TWE SURFACE SURFERIOR 57 20% Discount D2334 RESIN-BASED COMPOSITE - THE SURFACE SURFERIOR 57 20% Discount D2339 RESIN-BASED COMPOSITE - THE SURFACE SPOSTERIOR 67 20% Discount D2394 RESIN-BASED COMPOSITE - THE SURFACE SPOSTERIOR 67 20% Discount D2394 RESIN-BASED COMPOSITE - THE SURFACE SPOSTERIOR 67 20% Discount <t< td=""><td>40</td></t<>	40
D1208 TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (Verify age limits of the plan) 0 20% Discount D1351 SEALANT - PER TOOTH (Verify age limits of the plan) 14 20% Discount D2140 AMALGAM - TWO SURFACE PRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM - TWO SURFACE SPRIMARY OR PERMANENT 26 20% Discount D2161 AMALGAM - TRUES SURFACES PRIMARY OR PERMANENT 36 20% Discount D2331 RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR 41 20% Discount D2333 RESIN-BASED COMPOSITE - TWRE SURFACES ANTERIOR 46 20% Discount D2333 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 57 20% Discount D2333 RESIN-BASED COMPOSITE - TWREE SURFACES POSTERIOR 41 20% Discount D2393 RESIN-BASED COMPOSITE - TWRE SURFACE POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - TWRE SURFACE POSTERIOR 67 20% Discount D2393 RESIN-BASED COMPOSITE - TWRE SURFACE SPOSTERIOR 67 20% Discount D2394 RESIN-COMPOSITE - TWRE SURFACES POSTERIOR 67 20% Discount	27
D1351 SEALANT-PER TOOTH (Verify age limbs of the plan) 14 20% Discount D2140 AMALGAM - ONE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM - TUREE SURFACES PRIMARY OR PERMANENT 26 20% Discount D2161 AMALGAM - TUREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2161 AMALGAM - FURMORE SURFACES PRIMARY OR PERMANENT 41 20% Discount D2330 RESIN-BASED COMPOSITE - TWO SURFACE ANTERIOR 46 20% Discount D2332 RESIN-BASED COMPOSITE - TWO SURFACE SURTERIOR 52 20% Discount D2332 RESIN-BASED COMPOSITE - THRE SURFACES ANTERIOR 57 20% Discount D2333 RESIN-BASED COMPOSITE - TWRE SURFACES POSTERIOR 57 20% Discount D2391 RESIN-BASED COMPOSITE - TWREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN-BASED COMPOSITE - TWREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR 67 20% Discount D2750 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 320 20% Discount <t< td=""><td>9</td></t<>	9
D2140 AMALGAM - ONE SURFACE PRIMARY OR PERMANENT 21 20% Discount D2150 AMALGAM - TWO SURFACE SPRIMARY OR PERMANENT 26 20% Discount D2160 AMALGAM - THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2161 AMALGAM - THREE SURFACES PRIMARY OR PERMANENT 41 20% Discount D2330 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 46 20% Discount D2331 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 46 20% Discount D2332 RESIN-BASED COMPOSITE - TWO SURFACES NOTAL 57 20% Discount D2333 RESIN-BASED COMPOSITE - TWO SURFACES NOTAL 57 20% Discount D2333 RESIN-BASED COMPOSITE - THRE SURFACE POSTERIOR 41 20% Discount D2393 RESIN-BASED COMPOSITE - THRE SURFACES POSTERIOR 67 20% Discount D2349 RESIN-COMPOSITE - THRE SURFACES POSTERIOR 67 20% Discount D2740 CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL 352 20% Discount D2751 CROWN - PORCELAIN FUSED TO HIGH HOBLE METAL 320 20% Discount D2752	5
D2150 AMALGAM - TWO SURFACES PRIMARY OR PERMANENT 26 20% Discount D21610 AMALGAM - THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D21611 AMALGAM FOURMORE SURFACES PRIMARY/PERMANENT 41 20% Discount D2330 RESIN-BASED COMPOSITE - TWO SURFACE ANTERIOR 46 20% Discount D2331 RESIN-BASED COMPOSITE - THRE SURFACE ANTERIOR 46 20% Discount D2333 RESIN-BASED COMPOSITE - THRE SURFACE SINCESA INTERIOR 41 20% Discount D2335 RESIN-BASED COMPOSITE - TWO SURFACES INCISAL ANCLE 57 20% Discount D2391 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 67 20% Discount D2394 RESIN CAMPOS - FOUR OR MORE SURFACE POSTERIOR 82 20% Discount D2740 CROWN - PORCELAIN FUSED TO HIGH KOBLE METAL 355 20% Discount D2751 CROWN - PORCELAIN FUSED TO HIGH KOBLE METAL 320 20% Discount D2752 CROWN - PORCELAIN FUSED TO HOBLE METAL 320 20% Discount D275	25
D2160 AMALGAM-THREE SURFACES PRIMARY OR PERMANENT 36 20% Discount D2161 AMALGAM-FOURMORE SURFACES PRIMARY OR PERMANENT 41 20% Discount D2330 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 41 20% Discount D2331 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 46 20% Discount D2332 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 52 20% Discount D2333 RESIN-BASED COMPOSITE - THREE SURFACES NCISAL ANCLE 57 20% Discount D23391 RESIN-BASED COMPOSITE - TWO SURFACE POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - THREE SURFACE POSTERIOR 67 20% Discount D2393 RESIN-CASED COMPOSITE - THREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN COMPOSITE - THREE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELIAN FUSED TO HIGH NOBLE METAL 355 20% Discount D2750 CROWN - PORCELIAN FUSED TO HIGH NOBLE METAL 320 20% Discount D2751 CROWN - PORCELIAN FUSED TO HIGH NOBLE METAL 320 20% Discount D	34
D2161 AMALGAM-FOURMORE SURFACES PRIMARY/PERMANENT 41 20% Discount D2330 RESIN-BASED COMPOSITE - ONE SURFACE ANTENIOR 46 20% Discount D2331 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 52 20% Discount D2332 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 52 20% Discount D2333 RESIN-BASED COMPOSITE - THREE SURFACES NOISAL ANGLE 57 20% Discount D2391 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 411 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN CAMPOS - FOUR OR MORE SURFACES POSTERIOR 82 20% Discount D2750 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 320 20% Discount D2751 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 320 20% Discount D2752 CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL 320 20% Discount D2950 RE-GEMENT OR RE-BOND GROWN 34 20% Discount D2951	35
D2330 RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR 41 20% Discount D2331 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 62 20% Discount D2332 RESIN-BASED COMPOSITE - THRE SURFACES ANTERIOR 52 20% Discount D2335 RESIN-BASED COMPOSITE - TREE SURFACES INCISAL ANGLE 57 20% Discount D2391 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - THRE SURFACES POSTERIOR 67 20% Discount D2394 RESIN COMPOS FOUR OR MORE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELAIN FUSED TO HIGH MOBLE METAL 355 20% Discount D2750 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2751 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D3200	41
D2331 RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR 46 20% Discount D2332 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 52 20% Discount D2333 RESIN-BASED COMPOSITE - THREE SURFACE S ANTERIOR 57 20% Discount D2391 RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - ONE SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 67 20% Discount D2394 RESIN-DASED COMPOSITE - THREE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELIAIN FUSED TO HIGH NOBLE METAL 365 20% Discount D2751 CROWN - PORCELIAIN FUSED TO HIGH NOBLE METAL 320 20% Discount D2752 CROWN - PORCELIAIN FUSED TO NOBLE METAL 320 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN 211 20% Discount D3310 ENDDOONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>) 2211 20% Discount <td>31</td>	31
D2332 RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR 52 20% Discount D2335 RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE 57 20% Discount D2391 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN COMPOSITE - THREE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELAIN RUSE SURFACES POSTERIOR 82 20% Discount D2750 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 355 20% Discount D2751 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2752 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2920 RE-CEMENT OR RE-BOND CROWN 34 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D310 PULP CAP - INDIRECT (Excluding final restoration) 211 20% Discount D3310 ENDODONTI	
D2335 RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE 57 20% Discount D2391 RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - TIME SURFACES POSTERIOR 67 20% Discount D2394 RESIN-BASED COMPOSITE - TIMEE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELAIN/CERAMIC 362 20% Discount D2750 CROWN - PORCELAIN/FUSED PREDOMINANTLY BASE METAL 320 20% Discount D2752 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 320 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D3120 PULP CAP-INDRICET ("Excluding final restoration) 26 20% Discount D3200 TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC 63 20% Discount D3200 TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC 63 20% Discount D3310 ENDODONTIC THERAPY MALARD TOTH (Excluding final restoration) 272	36
D2391 RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR 41 20% Discount D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR 57 20% Discount D2393 RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR 67 20% Discount D2394 RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR 82 20% Discount D2740 CROWN - PORCELAIN/CERAMIC 362 20% Discount D2751 CROWN - PORCELAIN/CERAMIC 365 20% Discount D2752 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL 320 20% Discount D2752 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2754 CROWN - PORCELAIN FUSED TO NOBLE METAL 320 20% Discount D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED 106 20% Discount D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN 107 20% Discount D310 PULP-REM PULP CORONAL BENTINCCEMENT JUNC 63 20% Discount D3320 ENDODONTIC THERAPY MICLAR TOOTH (Excluding final restoration) 211 20% Discount D3330 ENDODONTIC THER	45
D2392RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR5720% DiscountD2393RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR6720% DiscountD2394RESIN COMPOS - FOUR OM MORE SURFACES POSTERIOR8220% DiscountD2740CROWN - PORCELAIN/CERAMIC36220% DiscountD2751CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD2752CROWN - PORCELAIN FUSED TO INGIE METAL32020% DiscountD2753CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2754CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2755CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD3120PULP CAP - INDIRECT (<i>Excluding final restoration</i>)2620% DiscountD3120PULP CAP - INDIRECT (<i>Excluding final restoration</i>)21120% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)21120% DiscountD3320ENDODONTIC THERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4341PRDONTAL SCALING&ROO TPLANING 4MORE TEE TH-QUAD9220% DiscountD4351LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4361DC DELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD4361DC DELAIN FUSED TO HIGH NOBLE MET	51
D2393RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR6720% DiscountD2394RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR8220% DiscountD2740CROWN - PORCELAIN/CERAMIC36220% DiscountD2751CROWN - PORCELAIN/CERAMIC35520% DiscountD2752CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3230ENDDODNTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)27120% DiscountD3330ENDDODONTIC THERAPY PREMULAR TOOTH (Excluding final restoration)36220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATIONADX ON A SUBSEQUENT VISIT6320% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATIONADX ON A SUBSEQUENT VISIT6220% DiscountD4361DPORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD4351FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATIONADX ON A SUBSEQUENT VISIT6320% DiscountD4351FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATIONADX ON A SUBSEQUENT VISIT6220% DiscountD4310DPERIODONTAL MAINTENANCE6220% Discount20% Discount <tr< td=""><td>29</td></tr<>	29
D2394RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR8220% DiscountD2740CROWN - PORCELAIN/CERAMIC36220% DiscountD2750CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD2751CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD29510PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3200TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3320ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION 8DX ON A SUBSEQUENT VISIT6320% DiscountD4341PRDONTAL MAINTENANCE6220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION 8DX ON A SUBSEQUENT VISIT6320% DiscountD4361LOC DEL ANTINICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD7	36
D2740CROWN - PORCELAIN/CERAMIC36220% DiscountD2750CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD2751CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2951D105CORE IN ADDITION TO CROWN10720% DiscountD3120PUEP CAP - INDIRECT (<i>Excluding final restoration</i>)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)21120% DiscountD3320ENDODONTIC THERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD3330ENODODNTIC THERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4361LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4364PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD6750RETAINEER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7140EXTRACTION ERUPPED TOOTH REMY BONE ELEV FLAP7720% DiscountD714	46
D2750CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD2751CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10620% DiscountD3120PULP CAP - INDIRECT (<i>Excluding final restoration</i>)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENT JUNC6320% DiscountD320ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)21120% DiscountD330ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD3330ENODODONTIC THERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4341PRONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4341DONTAL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4310PERIODONTIC HERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4311LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD7110PARCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD7140EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7210SURG REMOVAL ERUPT	42
D2751CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL32020% DiscountD2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODDONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEE TH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% Discount20% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7140EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7210SURG REMOVAL GRUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL GRUPTED TOOTH NERV BONE ELEV	260
D2752CROWN - PORCELAIN FUSED TO NOBLE METAL32020% DiscountD2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (<i>Excluding final restoration</i>)2620% DiscountD3200TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)21120% DiscountD3330ENODOONTIC THERAPY PREMOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD3330ENODOONTIC THERAPY MOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7110EXTRACTION CORONAL REMINANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION CORONAL REMINANTS - DECIDUOUS TOOTH3120% DiscountD7210SURG REMOVAL OF IMPACTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7210SURG REMOVAL OF IMPACTED TOOTH REMV BONY153 <td>200</td>	200
D2920RE-CEMENT OR RE-BOND CROWN3420% DiscountD2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4361LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4361LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL22620% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7210SURG REMOVAL ERUPTED TOOTH REW BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7140PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC41<	190
D2950CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED10620% DiscountD2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (<i>Excluding final restoration</i>)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)21120% DiscountD3320ENDODONTIC THERAPY ANTERIOR TOOTH (<i>Excluding final restoration</i>)27220% DiscountD3330ENODONTIC THERAPY PREMOLAR TOOTH (<i>Excluding final restoration</i>)36220% DiscountD4341PRONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBLAGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4381LOC DEL ANTIMICROBLAGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7110EXTRACTION CRONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7210SURG REMOVAL GF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7230REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7140PALLIATIVE EMERGENCY TX D	190
D2954PREFABRICATED POST AND CORE IN ADDITION TO CROWN10720% DiscountD3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7230REMOVAL OF IMPACTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7310PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D3120PULP CAP - INDIRECT (Excluding final restoration)2620% DiscountD3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODDONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7110EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7230REMOVAL OF IMPACTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D3220TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC6320% DiscountD3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7230REMOVAL OF IMPACTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7240REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7310D7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7310PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D3310ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)21120% DiscountD3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D3320ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)27220% DiscountD3330ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D3330ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)36220% DiscountD4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL ERUPTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	87
D4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	97
D4341PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD9220% DiscountD4355FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT6320% DiscountD4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% Discount20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	111
D4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	15
D4381LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR20% DiscountD4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	10
D4910PERIODONTAL MAINTENANCE6220% DiscountD6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	0
D6240PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL29620% DiscountD6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	13
D6750RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL35520% DiscountD7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	143
D7111EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH3120% DiscountD7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	200
D7140EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)4620% DiscountD7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	16
D7210SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP7720% DiscountD7230REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY12420% DiscountD7240REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY15320% DiscountD7810-D7899TMD THERAPY20% Discount20% DiscountD9110PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC4120% Discount	21
D7230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY 124 20% Discount D7240 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY 153 20% Discount D7810-D7899 TMD THERAPY 20% Discount 20% Discount D9110 PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC 41 20% Discount	25
D7240 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY 153 20% Discount D7810-D7899 TMD THERAPY 20% Discount 20% Discount D9110 PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC 41 20% Discount	31
D7810-D7899 TMD THERAPY 20% Discount 20% Discount D9110 PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC 41 20% Discount	25
D9110 PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC 41 20% Discount	0
	0
D9230 INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA 21 20% Discount	0

DENTAL PLANS - DHMO



Corporate (602) 266-1995 Customer Service (888) 422-1995 TDAdental.com

Underwriten & Administered by: Effective Date: Senoft Year: Calandar Plan Type: Contribution Requirement: None Minimum Participation Requirement: None No Coverage Participation Reguirement: None No Coverage Participation Reguirement: None No Coverage Participation Reguirement: None No Coverage Participation Reguirements None Type 4 - Orthodontics See Co-Pay Schedule No Coverage Participation Reguirements See Co-Pay Schedule No Coverage Participation Reguirements None Type 4 - Orthodontics None Type 4 - Major None Type 4 - Orthodontics None Type 4 - Orthodontics None Ni / A None Ni			
Effective Date: 6/1/2023 through 1/1/2024 Proposal Date: Calendar Proposal Date: 6/1/2023 Proposal Date: 6/1/2023 Proposal Date: 6/1/2023 Proposal Date: 0/1/2023 Proposal Valid: 0/1/2024 Proposal Valid: 0/1/2	Plan:	Peak Care Prepaid DHMO Plan	
Benefit Year: Calendar Pron Type: Contributory / Fully Insured Proposal Date: 6/1/2023 Brandyer Contribution Requirement: None (Minimum of 2 enrolled) Rate Guarantee: 2 Year Proposal Valid: Up to the proposed effective data In-Network Out-of-Network Oral Exams, Cleanings, Xrays, Fluoride 100%, after \$10 copay No Coverage Type 1 - Preventive See Co-Pay Schedule No Coverage Comm, Endges, Roedhodmitics See Co-Pay Schedule No Coverage Constructions See Co-Pay Schedule No Coverage Constructions See Co-Pay Schedule No Coverage Probasi Valid Discount Only No Coverage Prodotics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Sealants See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay			
Plan Type: Contributory / Fully Insured 6/1/2023 Proposal Date: 6/1/2023 Employer Contribution Requirement: None Minimum Participation Requirement: None Rate Guarantee: 2 Year Proposal Valid: Up to the proposed effective date Type 1 - Preventive Oral Exams, Cleanings, Xrays, Fluoride 100%, after \$10 copay No Coverage Type 3 - Major See Co-Pay Schedule No Coverage Fillings, Oral Surgery See Co-Pay Schedule No Coverage Dependent children ages 7 through 18 Discount Only No Coverage Adults Discount Only No Coverage Periodontics See Co-Pay Schedule No Coverage Pariadottics See Co-Pay Schedule No Coverage Pariadotitics See Co-Pay Schedule No Coverage Periodotitics See Co-Pay Schedule No Coverage Specialists See C			
Propositi Date: 6/1/2023 Employer Contribution Requirement: None (Minimum of 2 enrolled) Rate Guarantee: 2 Year Proposal Valle: Up to the proposed effective date In-Network Out-of-Network Option State States In-Network Out-of-Network Type 1 - Preventive Oral Exams, Cleanings, Krays, Fluoride 100% after \$10 copay No Coverage Type 3 - Major See Co-Pay Schedule No Coverage Corown, Bridges, Postadodnics Discount Only No Coverage Periodentics See Co-Pay Schedule No Coverage Periodentics See Co-Pay Schedule No Coverage Bactonics See Co-Pay Schedule No Coverage Sealants See Co-Pay Schedule No Coverage Sealants See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Sealants See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintain			
Employer Contribution Requirement: None Minimum Participation Requirement: None (Minimum of 2 enrolled) 2 Year Proposal Valid: Up to the proposed effective date Type 1 - Preventive Oral Exam, Cleanings, Krays, Fluoride 100% after \$10 copay No Coverage Type 2 - Basic Filling, Coal Surgey See Co-Pay Schedule No Coverage Type 3 - Major Crowns, Bridges, Prosthodontics See Co-Pay Schedule No Coverage Discount Only No Coverage See Co-Pay Schedule No Coverage Discount Only No Coverage See Co-Pay Schedule No Coverage Bogs Prosthodontics See Co-Pay Schedule No Coverage Seadants Bogs Prosthodontics See Co-Pay Schedule No Coverage Seadants Periodontics See Co-Pay Schedule No Coverage Seadants No Coverage Space Maintainers See Co-Pay Schedule No Coverage Seadants No Coverage Space Maintainers See Co-Pay Schedule No Coverage Seadants No Coverage Space Maintainers See Co-Pay Schedule No Coverage No Coverage Seadants <			
Minimum Participation Requirement: None (Minimum of 2 enrolled) 2 Year Rate Guarante: Up to the proposed effective date In-Network Out-of-Network Oral Exams, Gleanings, X-rays, Fluoride 100% after \$10 copay No Coverage Type 1 - Preventive Oral Exams, Gleanings, X-rays, Fluoride See Co-Pay Schedule No Coverage Type 3 - Major Crowns, Bridges, Prosthedomics See Co-Pay Schedule No Coverage Dependent childre ages 7 through 18 Discount Only No Coverage Briddontics See Co-Pay Schedule No Coverage Endodontics See Co-Pay Schedule No Coverage Bradoutis See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage Specialists (** See note below) Discount Only No Coverage Specialists (** See note below) Discount Only No Coverage Waiting periods Nype 2 - Bajo None Type 3 - Bajo None N/A Deductible O Stool Per Person S0.00 S0.00 Type 3 - Bajo <t< td=""><td></td><td></td><td></td></t<>			
Rate Guarantee: 2 Year Proposal Valid: Up to the proposed effective date In-Network Out-of-Network Oral Exams. Cleanings, X-rays, Fluoride 100% after \$10 copay No Coverage Oral Exams. Cleanings, X-rays, Fluoride See Co-Pay Schedule No Coverage Filings, Cotal Surgery See Co-Pay Schedule No Coverage Type 3 - Major See Co-Pay Schedule No Coverage Crowns, Bridges, Prosthodontics Discount Only No Coverage Dependent children ages 7 through 18 Discount Only No Coverage Raddontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Space Maintainers			
Proposal Valid: Up to the proposed effective date In-Network Out-of-Network Oral Exams, Cleanings, X-rays, Fluoride 100% after \$10 copay No Coverage Type 2 - Basic See Co-Pay Schedule No Coverage Filings, Cotta Surgery See Co-Pay Schedule No Coverage Corwns, Bridges, Prosthodentics See Co-Pay Schedule No Coverage Dependent children ages 7 through 18 Discount Only No Coverage Aduta Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Sealants Discount Only No Coverage Sealants See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Specialits of See note below) Discount Only No Coverage Walting periods Maintainers See Co-Pay Schedule No Coverage Type 2 - Basic None N/A None Type 2 - Basic None N/A N/A Type 4 - Orth			
In-Network Out-of-Network Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride 100% after \$10 copay No Coverage Type 2 - Basic Fillings, Oral Surgery See Co-Pay Schedule No Coverage Type 3 - Major Crowns, Bridges, Prosthodontics See Co-Pay Schedule No Coverage Type 4 - Orthodontics Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Specialists See Co-Pay Schedule No Coverage Specialists (** See note below) See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage Yall enablexit copyments include in the co-pay schedule expty to services performed at any specialist office receive a docunt only. No Coverage Yupe 2 - Basic None Type 2 - Basic None Type 2 - Basic None Type 3 - Major None Type 2 - Basic None N/A None Type 3 - Major None N/A None			
Type 1 - Preventive Oral Exams, Cleaning, Xrays, Fluoride 100% after \$10 copay No Coverage Oral Exams, Cleaning, Xrays, Fluoride See Co-Pay Schedule No Coverage Fillings, Oral Surgery See Co-Pay Schedule No Coverage Type 3 - Mäjor Discount Only No Coverage Cowns, Bridges, Prosthodomics Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Endodontics See Co-Pay Schedule No Coverage Endodontics See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule <td>Proposal Valid:</td> <td>Up to the proposed effective date</td> <td></td>	Proposal Valid:	Up to the proposed effective date	
Cract Exams, Cleanings, X-rays, Fluoride It of the first of the coupley It of of the coupley Type 2 - Basic Fillings, Chail Surgery See Co-Pay Schedule No Coverage Type 4 - Orthodontics Discount Only No Coverage Dependent children ages 7 through 18 Discount Only No Coverage Adults Discount Only No Coverage Periodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Seelants See Co-Pay Schedule No Coverage Specialists (** See note below) See Co-Pay Schedule No Coverage Ype 2 - Basic No coverage No Coverage Ype 3 - Major Discount Only No Coverage Type 4 - Orthodontics See co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage Ype 2 - Basic None Type 3 - Major Type 4 - Orthodontics Discount Only N A Deductible S0.00 \$0.00 Per Person \$0.00 \$0.00 Chardontic Lifetime		In-Network	Out-of-Network
Filings, Oral Surgery Description In Contrage Type 3 - Major Crowns, Bridges, Prosthodontics See Co-Pay Schedule No Coverage Dependent children ages 7 through 18 Discount Only No Coverage Aduts Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage See Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Process Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage <	Oral Exams, Cleanings, X-rays, Fluoride	100% after \$10 copay	No Coverage
Crowns, Bridges, Prosthodontics Disc Other of Schedule No Coverage Type 4 - Orthodontics Discount Only No Coverage Adults Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Specialists (** See note below) See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage * All metwork capyments included in the copay schedule apply to services performed at general denist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participang offices. Waiting periods Type 2 - Basic None Type 3 - Basic None N / A Per Person \$0.00 \$0.00 Ferreson \$0.00 \$0.00 Per Person N / A N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee St51.51 \$17.27 Type 2 - Party \$30.30 \$33.41 <t< td=""><td></td><td>See Co-Pay Schedule</td><td>No Coverage</td></t<>		See Co-Pay Schedule	No Coverage
Dependent children ages 7 through 18 Discount Only No Coverage Aduits Discount Only No Coverage Endodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Specialists (* See note below) Discount Only No Coverage Specialists (* See note below) Discount Only No Coverage ***Al in-nework copayments included in the co-pay schedule apply to services performed at general dentist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods		See Co-Pay Schedule	No Coverage
Endodontics See Co-Pay Schedule No Coverage Periodontics See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Specialists (* See note below) Discount Only No Coverage Specialists (* See note below) Discount Only No Coverage ** All in-network copayments included in the co-pay schedule apply to services performed at general denist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participaing offices. Waiting periods		Discount Only	No Coverage
Periodontics See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage *** All in-network copayments included in the co-pay schedule apply to services performed at general denist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods	Adults	Discount Only	No Coverage
Periodontics See Co-Pay Schedule No Coverage Space Maintainers See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage ** All in-network copayments included in the co-pay schedule apply to services performed at general denist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods	Endodontics	See Co-Pay Schedule	No Coverage
Space Maintainers See Co-Pay Schedule No Coverage Specialists (** See note below) Discount Only No Coverage ** All in-network copayments included in the co-pay schedule apply to services performed at general dentist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. No Coverage Waiting periods	Periodontics	See Co-Pay Schedule	
Specialists (** See note below) Discount Only No Coverage ** All in-network copayments included in the co-pay schedule apply to services performed at general dentist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods None Type 2 - Basic None Type 2 - Basic None Type 4 - Orthodontics N / A Deductible Per Person \$0.00 Family Max \$0.00 Deductible Applies To N / A Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO Mone Struct \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Fluoride Children up to age 15 Sealants See fee schedule Bitewing X-Rays 2 every 12 months	Sealants	See Co-Pay Schedule	No Coverage
** Ål in-network copayments included in the co-pay schedule apply to services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods None Type 2 - Basic None Type 4 - Orthodontics N / A Deductible \$0.00 Per Person \$0.00 Family Max \$0.00 Deductible Applies To N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Speciality Care With Speciality Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants See fee schedule Bitewing X-Rays 2 every 12 months	Space Maintainers	See Co-Pay Schedule	No Coverage
** Ål in-network copayments included in the co-pay schedule apply to services performed at any specialist office receive a discount only. There is no benefit at non-participating offices. Waiting periods None Type 2 - Basic None Type 4 - Orthodontics N / A Deductible \$0.00 Per Person \$0.00 Family Max \$0.00 Deductible Applies To N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants See fee schedule Bitewing X-Rays 2 every 12 months	Specialists (** See note below)	Discount Only	No Coverage
Type 2 - Basic None Type 3 - Major None Type 4 - Orthodontics N / A Deductible None Per Person \$0.00 Family Max \$0.00 Deductible Applies To N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Fluoride Children up to age 15 Sealants Shee fee schedule Bitewing X-Rays 2 every 12 months		services performed at general dentist office. Services performed at any s	pecialist office receive a discount only. There is no
Type 3 - Major None Type 4 - Orthodontics N / A Deductible N / A Per Person \$0.00 Family Max \$0.00 Deductible Applies To N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Orthidren up to age 15 Sealants Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Waiting periods		
Type 4 - Orthodontics N / A Deductible S0.00 \$0.00 Fer Person \$0.00 \$0.00 Family Max \$0.00 \$0.00 Deductible Applies To N / A N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Fluoride Children up to age 15 Sealants Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Deductible \$0.00 \$0.00 Per Person \$0.00 \$0.00 Family Max \$0.00 \$0.00 Deductible Applies To N / A N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Per Person \$0.00 \$0.00 Family Max \$0.00 \$0.00 Deductible Applies To N / A N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Type 4 - Orthodontics	N/A	4
Family Max \$0.00 \$0.00 Deductible Applies To N / A N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants See fee schedule Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Deductible		
Deductible Applies To N / A N / A Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants See fee schedule Bitewing X-Rays 2 every 12 months	Per Person	\$0.00	\$0.00
Annual Maximum Per Person Unlimited Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Family Max	\$0.00	\$0.00
Orthodontic Lifetime Maximum N / A Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions 2 every 12 months Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Deductible Applies To	N/A	N/A
Network / Reimbursement Schedule DHMO No Coverage Monthly Rates No Specialty Care With Specialty Care Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Annual Maximum Per Person	Unlimit	ted
Monthly RatesNo Specialty CareWith Specialty CareEmployee\$15.13\$17.27Two-Party\$30.30\$33.41Family\$46.67\$44.04Provisions / Limitations / ExclusionsExams (including Periodontal), Cleanings2 every 12 monthsFluorideChildren up to age 15SealantsChildren up to age 15Space MaintainersSee fee scheduleBitewing X-Rays2 every 12 months	Orthodontic Lifetime Maximum	N/A	4
Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Network / Reimbursement Schedule	DHMO	No Coverage
Employee \$15.13 \$17.27 Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Monthly Rates	No Specialty Care	With Specialty Care
Two-Party \$30.30 \$33.41 Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Family \$46.67 \$44.04 Provisions / Limitations / Exclusions Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Exams (including Periodontal), Cleanings 2 every 12 months Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Fluoride Children up to age 15 Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months	Provisions / Limitations / Exclusions		
Sealants Children up to age 15 Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Space Maintainers See fee schedule Bitewing X-Rays 2 every 12 months			
Bitewing X-Rays 2 every 12 months			
	Bitewing X-Rays Panoramic X-Ray		2 every 12 months 1 every 5 years

DENTAL PLANS - DHMO



Peak Care Prepaid DHMO Plan Co-Pay Sample Schedule Corporate (602) 266-1995 Customer Service (888) 422-1995 TDAdental.com

CDT	CDT Name	In-Network Patient Co-Pay
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	5
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	25
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	5
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES (Including bitewings)	5
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	5
D1110	PROPHYLAXIS - ADULT	5
D1120	PROPHYLAXIS - CHILD	5
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (*Verify age limits of the plan)	0
D1351	SEALANT - PER TOOTH (*Verify age limits of the plan)	14
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	30
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	40
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	50
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	60
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	43
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	52
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	65
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE (ANTERIOR)	72
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	55
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	75
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	92
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	108
D2740	CROWN - PORCELAIN/CERAMIC	325 + Lab
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	325 + Lab
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	325 + Lab
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	325 + Lab
D2920	RE-CEMENT OR RE-BOND CROWN	20
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	78
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	80
D3120	PULP CAP - INDIRECT (Excluding final restoration)	20
D3220	TX PULP-REM/ PULP CORONAL DENTINOCEMENTL JUNC	45
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)	225
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)	295
D3330	ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)	395
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	90
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	60
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	35
D4910	PERIODONTAL MAINTENANCE	58
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	275 + Lab
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	300 + Lab
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	35
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)	45
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	85
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	125
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	135
8010-D899	9 ORTHODONTIC SERVICES	Up to 25% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	35
D9110 D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	25
	Illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits	

LIFE, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY



Powerfully Simple[™] employee benefits

The Ogden-Weber Chamber of Commerce has partnered with Equitable to provide you with flexible nonmedical benefits. Offering benefits can help attract and retain employees and protect them from out-of-pocket medical expenses.

The product offering through Equitable allows you to provide a core package for your employees that includes each of these valuable benefits. In additional to this employer choice, each employee can choose to enhance most of the benefits offered and add their eligible dependents.



Life

Helps offset financial burdens after the loss of a loved one. AD&D rider options available. Includes travel assistance program.



Accident

Covers many types of accidents and pays a cash benefit when employees are injured. Includes wellness benefit.



Critical Illness

Employees receive a lump-sum cash payment if diagnosed with a covered illness.



Hospital Indemnity

Hospital Indemnity pays a cash benefit to you if you or your dependents are confined to a hospital or experience any other covered indemnified events.

Help attract, retain and protect your employees

Utah's most common small employer medical plans have outof-pocket maximums ranging from \$7,000-\$9,000 for individuals and \$15,000- \$18,000 for families.1



Utah is ranked as the 2nd least affordable state for hospital stays.2

Hospital charges count for nearly 1/3 of all medical costs in the United States.⁶



Today, few have the coverage they need. Only 52% of consumers report owning life insurance.3





35 million

Americans visit the emergency room for injury-related visits each year.4



67% bankruptcies

Medical issues are tied

to 67% of bankruptcies,

with 59% the direct result

of medical bills.5



Hospital Indemnity



LIFE, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY

Financial strength ratings

Rating agency	Current rating	Meaning of category	Date reviewed
A.M. Best Co.	А	Excellent	1/22
Moody's	A1	Good	7/22
Standard & Poor's	A+	Strong	6/22

Ratings are for Equitable Financial Life Insurance Company. Date reviewed indicates the last public statement by the rating agency. Ratings are subject to change; visit equitable.com/about-us/financial-strength-ratings (last updated on July 31, 2022) for more details, including information on rating scales and individual rating sources. The ratings reflected have no bearing on the performance of the variable investment options.

160 years of experience[®]



As a U.S. company with roots going back to 1859, Equitable offers the strength and stability that comes with generations of experience as an insurance pioneer.

To that heritage, we add the innovation and expertise of an employee benefits business that's been purpose-built to meet the evolving needs of the modern workforce. Together, we strive to learn and improve while always keeping sight of what matters most to the brokers, employers, employees and providers we serve.

Count on Equitable



years in the business





assets under management

Source: Equitable Holdings 2021 Annual Report, December 2021.

- 1 files.selecthealth.cloud/api/public/content/a4da4eaa6c2146cf8293d653e76f8934?v=a9e910f0.
- 2 valuepenguin.com/hospital-bill-costs-study#In.
- 3 limra.com/siteassets/newsroom/fact-tank/fact-sheets/facts-of-life-2021-format-vfinal.pdf.
- 4 National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25. cdc.gov/nchs/data/nhamcs/ web_tables/2016_ed_web_tables.pdf.
- 5 nasdaq.com/article/medical-bankruptcy-is-killing-the-american-middle-classcm1099561.
- 6 brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system.
- 7 The 160-year history and assets under management shown, as well as references to strength and stability, apply solely and exclusively to Equitable Financial Life Insurance Company. All guarantees are based on the claims-paying ability of the issuer.

Powerfully SimpleSM is a service mark of Equitable Financial Life Insurance Company.

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and are backed solely by their claims-paying obligations. Some products are not available in all states.

© 2023 Equitable Holdings, Inc. All rights reserved. GE-5483035.1 (3/23) (Exp. 3/25) | G2076108



VISION PLAN



OPTICARE PLAN:

FBA 10-10-120C+

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eyeglass exam	\$10 Co-pay	\$10 Co-pay	\$45 Allowance
Contact exam	\$10 Co-pay	\$10 Co-pay	\$45 Allowance
Routine Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
Standard Plastic Lenses			
Single Vision	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
Anti-Reflective	\$40 Co-pay	\$45 Co-pay	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options	Up to 25% Discount	Up to 25% Discount	
Edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$110 Allowance	\$100 Allowance
Additional Eyewear			
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$120 Allowance	\$110 Allowance	\$100 Allowance
Medically Necessary Contacts	100% Covered	\$250 Allowance	\$210 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	\$400 Off per eye	Not Covered	Not Covered
		1	

VISION PLAN



PLAN HIGHLIGHTS

- Benefits in our broad network meet or beat the current offering in frame allowances and have lower lens co-pays.
- Our offering covers contact lens fitting fees and does not reduce the contact lens allowance.
- No material co-pay/deductibles have to be paid before the benefit is issued.
- We offer 50% on all additional eyeglass purchases compared to 40%
- Non-listed or specialty lens add-ons are 25% off versus 20% on other plans.
- We offer coverage for BluDefense Digital Lens for the 65%+ Americans suffering from digital eye strain and computer vision syndrome. (More info available upon request).
- All benefits are annual in frequency (12/12/12/12), other plans offer 24 month frame benefit.
- Refractive Surgery Benefit offers Custom iLASIK (All Laser), PRK, Visian ICL Implantable Collamer Lens and RLE Refractive Lens Exchange at 20% off retail versus 15%. Over 15,000 Opticare members have had Refractive surgery since 1999.
- Our network is a combination of regional chains, national chains and independent optometry practices and includes better out-of-network reimbursement levels. In the rare case that a particular provider is not credentialed with us, our direct-to-patient reimbursement fees surpass all other plans and is often a better benefit that the competitor's innetwork benefit.
- Opticare Vision has negotiated additional plan enhancements in the Standard Optical network such as \$0 co-pay exam services and increased frame and contact lens allowances. Benefits will always be the best in the Standard Optical network, however we guarantee that benefits in the broad and out of network columns will always meet or exceed any competitive offering.
- Our "best rate guarantee" insures you are getting the best possible rates for your client, so in a rare chance that you receive a competing proposal that has better rates please let us know right away so that we can address it.
- All members of this group will have access to our new MyOpticare app available for free in the Apple and Android app stores.
- Groups will have access to the employer portal with an easy-to-use dashboard for plan info, census data, change/edits
 and much more via our website.

Telehealth and Mobile Eye Care

Opticare Vision has special offerings for teleoptometry services and mobile/on-site examinations. Contact us directly to see if your group qualifies for on-site services.

*Contributory rates require at least 50% of the single premium to be funded by the employer.

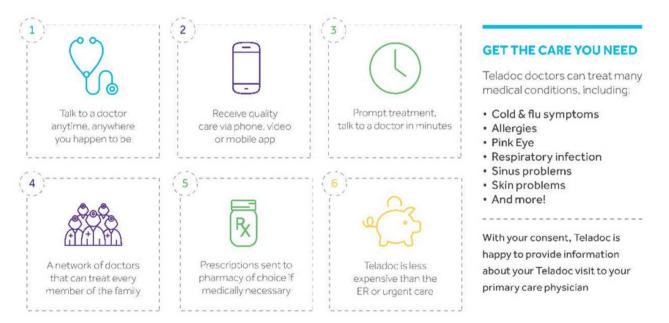
TELEHEALTH PLAN



So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime for free!

- Teladoc.com

© 1-800-TELADOC (835-2362)





© 2020 Teladoc Health. Inc: All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health. Inc: and may not be used without written parmission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in cartein states. Teladoc does not prescribe DEA controlled substances. non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

IDENTITY PROTECTION



	Protection	Protection Plus	
Features	For Individual or Family	For Individual or Family	
Identity Theft Protection			
Personal Information and ID Monitoring	•	•	
Online Account and Breach Monitoring	•	•	
SSN Authentication Alerts	•	•	
Criminal, Court and Public Records Monitoring	•	•	
Home Title and Address Monitoring	•	•	
Social Media Monitoring	With Family Plan	•	
Financial Fraud Protection			
Credit Monitoring & Alerts	1 Bureau	3 Bureaus	
Investment and Loan Acct Monitoring & Alerts	•	•	
Monthly Credit Score	•	•	
Monthly Score Tracker	•	•	
High Risk Transaction Alerts	•	•	
3B Credit Report		•	
Experian Credit Lock		•	
Financial Transaction Monitoring		•	
Privacy and Device Protection			
Data Broker List Removal	•	•	
WiFi Security/VPN	1 Device per adult member	Up to 10 Devices per adult member	
AntiVirus	1 Device per adult member	Up to 10 Devices per adult member	
Password Manager	•	•	
Safe Browsing		•	
Email masking		•	
Services and Support			
All-in-one Mobile Application (iOS & Android)	•	•	
24/7/365 US-based Customer Support			
White Glove Fraud Resolution Services		1	
Identity Theft Insurance for Eligible Losses*	Up to \$1M* per adult member	Up to \$1M* per adult member	
Lost Wallet Protection		•	
Personalized Feature Activation Workflows	•	•	

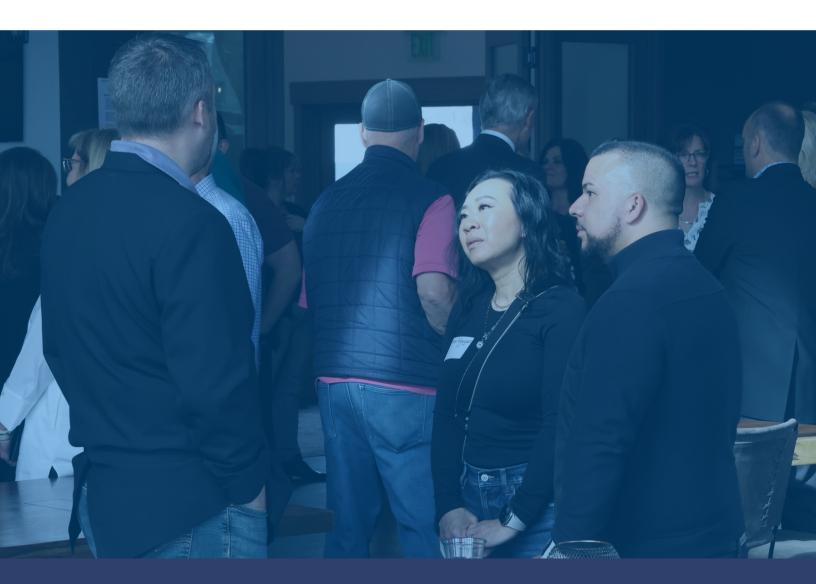
Protection		Protection Plus		Executive Plan	
	Individual	Family	Individual	Family	Family
Employer Contribution	\$3.00	\$5.00	\$6.00	\$9.00	Available upon request
Employee Buy Ups				ployees may ch higher plan tiel	oose to buy-up r on Aura's platform
Protection Plan Family	\$9.45				
Protection Plus Plan Individual	\$6.95	\$4.95			
Protection Plus Plan Family	\$13.55	\$11.55	\$10.55		

ANCILLARY BENEFITS BASE PLAN COMPARISON

	Carrier	Monthly Employee Cost
GOLD BASE PLAN		
 Voluntary Life \$15,000 - Rates based on Employee Age and 	Equitable	\$1.35
Group SIC GAP (Hospital Indemnity/Critical Illness/Accident) • \$200/\$5,000/\$1,000	Equitable	\$17.33
 DENTAL DHMO Plan - showing employer cost only 	EMI/TDA	\$8.00
Vision • Plan 10/10/120	Opticare	\$2.95
	TOTAL	\$29.63
	Per employee/day	\$0.99
PLATINUM PLAN		
 Voluntary Life \$25,000 - Rates based on Employee Age and 	Equitable	\$2.25
Group SIC GAP (Hospital Indemnity/Critical Illness/Accident) • \$200+/\$5,000/\$1,500	Equitable	\$28.64
DentalAdvantage Co-Pay Plan - showing employer cost only	EMI/TDA	\$11.00
 Vision Plan 10/10/120 	Opticare	\$2.95
	TOTAL	\$44.84
	Per employee/day	\$1.49
DIAMOND PLAN		
Voluntary Life		
 Voluntary Life \$50,000 - Rates based on Employee Age and Group SIC 	Equitable	\$4.50
GAP (Hospital Indemnity/Critical Illness/Accident) • \$200+/\$10,000/\$1,500	Equitable	\$35.19
DentalChoice Indemnity - showing employer cost only	EMI/TDA	\$31.50
Vision • Plan 10/10/120	Opticare	\$2.95
	TOTAL	\$74.14
	Per employee/day	\$2.47

ANCILLARY BENEFITS OPTIONAL COVERAGES

	Carrier	Monthly Employee Cost
OPTIONAL COVERAGES		
 Additional Voluntary life Age banded - Based on Employee Age and Group SIC 	Equitable	Varies
Telemedicine • \$0 Co-pay	Teladoc	\$7.00
Identity TheftProtection / Protection Plus Plan	Identity Guard	\$3.00 / \$6.00



FREQUENTLY ASKED QUESTIONS

What are the eligibility requirements to participate in the Ogden-Weber Chamber Sponsored Insurance Plan?

Employer organizations must be members of the Ogden-Weber Chamber. In addition, there needs to be at least two full-time employees who will enroll in benefits.

As an employer organization interested in the dental, vision, and other benefit packages, could I select which benefits I want to offer?

The employer organization must purchase the base Gold plan for all full-time employees working more than 30 hours each week. Additional benefits from the Platinum and Diamond plan can be added at the employer organization's discretion.

Is the Sponsored Insurance Plan guaranteed for all members of the Chamber?

The Ogden-Weber Chamber Sponsored Insurance Plan is a medically underwritten insurance product. Rates are determined by risk factors and rates are based upon those risk factors for each organization. All employer organizations that solicit a quote will receive plans and rates according to the underlying risk.

Under the medical plan, which hospitals are considered in-network?

The medical plan utilizes Cigna PPO network which includes Intermountain Health, Holy Cross Medical Group formerly known as Steward Health Care, and MountainStar hospital systems. Please note that not all providers that practice in these locations are considered in-network. It is the responsibility of the employer organization to verify the provider's acceptance of this network.

What if the employer organization does not renew or drops the Chamber membership?

Since employer organizations must be members of the Ogden-Weber Chamber, benefits will terminate at the end of the month following the date of loss of membership.

What percentage of the premium are employer organizations required to pay towards these plans?

On the sponsored medical plan, it is required that the employer organizations pay 50% of the employee only premium. On the dental, vision, and other benefit packages, employer organizations are required to pay 100% of the base package.

Does an employer organization have to purchase the sponsored medical plan and ancillary benefits package together?

No. These packages can be purchased separately.

FREQUENTLY ASKED QUESTIONS

Are 1099 employees eligible for the employer sponsor benefits?

No. A 1099 employee is technically contracted and is not paid regular wages. Only employees receiving a W2 will be allowed to participate in the employer sponsored plans.

As an employer, do I need to wait until open enrollment in January to participate?

An employer can come onto the plan at any time and are able to choose when the company's effective date will be.

What is meant by a single monthly billing for employers as part of this sponsored plan?

A billing consolidator service will be provided for each participating employer. This service will include reconciling bills, checking enrollment and an ACH premium draft to the various carriers.



