

DENTAL & VISION PLANS

provided by  **Principal™**

Summary of Vision Benefits		
	In-Network	Out-of-Network
Exam: (Frequency: 12 months)	\$20 Copay	Out-of-Network benefits are available; you must submit a claim for reimbursement
Lenses: Single/Bifocal/Trifocal (Frequency: 12 months)	\$20 Copay	
Frames: (Frequency: 24 months)	\$130 Allowance+ 30% discount on balance	
Contact Lenses in lieu of lenses (Frequency: 12 months)	Up to 4 boxes for Covered Selection Lenses or up to \$130 Allowance for Non-Selection Lenses	

Summary of Dental Benefits		
	In-Network	Out-of-Network
Calendar Year Benefit Maximum	\$1,000 per enrolled member + maximum accumulation	
Calendar Year Deductible	\$50 per Individual to a maximum of \$150 for a Family	
Type I: Preventative Care (Limits/Frequency may apply)	No Cost (Deductible Waived)	Deductible, then 20%
Type II: Basic Care (Includes Endodontics/Periodontics)	Deductible, then 20%	Deductible, then 40%
Type III: Major Care	Deductible then 50%	
Orthodontia (child(ren) to age 19)	Not Covered	

Amounts shown reflect the member's bi-weekly contributions.

2024-2025 Vision Rates <i>(Voluntary; 2 year effective 11/1/2023; 26 pay periods)</i>	
Single:	\$2.38
Employee + Spouse	\$4.51
Employee + Child(ren)	\$5.29
Family	\$7.45

2024-2025 Dental Rates <i>(Voluntary; 2 year effective 11/1/2023; 26 pay periods)</i>	
Single:	\$15.32
Employee + Spouse	\$30.60
Employee + Child(ren)	\$32.72
Family	\$50.21

Maximum Accumulation:

- The Maximum Accumulation feature allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount.
- To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold.
- The threshold is 50% (\$500) of the maximum benefit.
- If qualification is met, 50% (\$250) of the threshold is carried over to next year's maximum benefit.
- Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year.
- You can accumulate no more than four times the carry over amount.
- The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.