

# 2022 Dental & Vision Plans



The 2022 Dental & Vision will offer a High & Low option for all employees. This methodology will eliminate the need for employees who change from PT to FT and vice-versa to have to change or reelect these coverages simply due to an hours change. If currently an employee is enrolled in one of the plans being sunsetted, they will be automatically moved to a plan that resembles their coverage in place for 2021, effective January 1st, 2022.

## Dental

In-Network Benefit Summary	Plan Options	
	HIGH	LOW
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Annual Maximum	\$2,500	\$1,500
Lifetime Orthodontic Maximum	\$2,500	N/A
<b>Cost-Share</b>		
Diagnostic & Preventive Services	100%	100%
Orthodontics	50%	Not Covered
Restorative (Basic / Major)	80%	80%/50%
Periodontics (Surgical/Non Surgical)	80%	80%
Oral Surgery (Simple/Complex)	80%	80%
Prosthetics	80%	50%
<b>Monthly Dental Cost (after tax)</b>		
Employee Only	\$51.04	\$34.17
Employee + Spouse	\$104.20	\$69.70
Employee + Child(ren)	\$118.65	\$76.83
Employee + Family	\$175.96	\$116.77

## Vision

In-Network Benefit Summary	Plan Options	
	HIGH	LOW
Exam Copay	\$10	\$15
Materials Copay	\$0	\$0
Exam Frequency	12 months	12 months
Eyeglass Lens Frequency	12 months	12 months
Frames or Contacts Frequency	12 months	24 months
Frames Allowance	\$200 then 20%	\$130 then 20%
Contact Allowance	\$200 then 15%	\$130 then 15%
<b>Lens Add-ons</b>		
<b>Progressive / Anti-Reflective Coating</b>		
Standard	\$65 / \$45	\$55 / \$45
Premium Tier 1	\$85 / \$57	\$85 / \$57
Premium Tier 2	\$95 / \$68	\$95 / \$68
<b>Monthly Vision Cost (after tax)</b>		
Employee Only	\$11.36	\$6.52
Employee + Spouse	\$22.73	\$13.05
Employee + Child(ren)	\$23.29	\$13.37
Employee + Family	\$34.66	\$19.90

