

Dental & Vision Plans



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
Cost-Share		
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%
Monthly Dental Cost (after tax)		
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%
Lens Add-ons (Progressive / Anti-Reflective Coating)		
Standard	\$65 / \$45	\$55 / \$45
Premium Tier 1	\$85 / \$57	\$85 / \$57
Premium Tier 2	\$95 / \$68	\$95 / \$68
Monthly Vision Cost (after tax)		
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

Dental & Vision plans are made available to both FT & PT Team Members. The rates for 2023 will stay the same as in 2022 with no plan changes.



Dental
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Vision
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