

Applied Intellect LLC

Dental Plan Comparison

In-Network Comparison

<i>Benefit Description</i>		OPTION 1 United Concordia - Concordia Flex	
<i>Calendar Year Deductible</i>		Single: \$50 Family: \$150	
<i>Annual Benefit Maximum</i>		\$2,000 per person	
<i>Orthodontia Lifetime Maximum</i>		N/A	
<i>Class 1 - Diagnostic/Preventive Services</i>			
Exams		Plan pays 100%	
Cleanings & Fluoride Treatments		Plan pays 100%	
X-Rays (Bitewings)		Plan pays 100%	
X-Rays (All others)		Plan pays 100%	
Palliative Treatment (Emergency)		Plan pays 100%	
Space Maintainers		Plan pays 100%	
Sealants		Plan pays 100%	
<i>Class 2 - Basic Services</i>			
Basic Restorative		Plan pays 80% after deductible	
Simple Extractions		Plan pays 80% after deductible	
Complex Oral Surgery		Plan pays 80% after deductible	
Endodontics		Plan pays 80% after deductible	
Non-Surgical Periodontics		Plan pays 80% after deductible	
Surgical Periodontics		Plan pays 80% after deductible	
<i>Class 3 - Major Services</i>			
Inlays, Onlays, Crowns		Plan pays 50% after deductible	
Prosthetics (Bridges, Dentures)		Plan pays 50% after deductible	
<i>Waiting Period</i>		None	
<i>Out of Network Reimbursement</i>		90th Percentile of U&C	
Benefit Tier		EE Monthly Amount	EE Cost Per Pay Period
Employee	Employee Only	\$14.16	\$6.54
	Employee & Spouse	\$28.03	\$12.94
	Employee & Child(ren)	\$25.38	\$11.71
	Family	\$42.44	\$19.59
Benefit Tier		Original Rates	AI Flat Contribution
Employer	Employee Only	\$35.40	\$21.24
	Employee & Spouse	\$70.07	\$42.04
	Employee & Child(ren)	\$63.45	\$38.07
	Family	\$106.11	\$63.67