

Applied Intellect LLC

Dental Plan Comparison

<i>Benefit Description</i>		OPTION 1 United Concordia - F-3W Concordia Flex	
<i>Calendar Year Deductible</i> <i>Annual Benefit Maximum</i> <i>Orthodontia Lifetime Maximum</i>		Single: \$50 Family: \$150 \$2,000 per person N/A	
<i>Class 1 - Diagnostic/Preventive Services</i> Exams Cleanings & Fluoride Treatments X-Rays (Bitewings) X-Rays (All others) Palliative Treatment (Emergency) Space Maintainers Sealants		Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	
<i>Class 2 - Basic Services</i> Basic Restorative Simple Extractions Complex Oral Surgery Endodontics Non-Surgical Periodontics Surgical Periodontics		Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible	
<i>Class 3 - Major Services</i> Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures)		Plan pays 50% after deductible Plan pays 50% after deductible	
<i>Waiting Period</i>		None	
<i>Out of Network Reimbursement</i>		90th Percentile of U&C	
Employee	Benefit Selection	EE Monthly Amount	EE Cost Per Pay
	Employee Only	\$14.58	\$6.73
	Employee & Spouse	\$28.87	\$13.32
	Employee & Child(ren)	\$26.14	\$12.06
	Family	\$43.72	\$20.18

Employer	Benefit Selection	Original Rates	AI Flat Contribution
	Employee Only	\$36.46	\$21.88
	Employee & Spouse	\$72.17	\$43.30
	Employee & Child(ren)	\$65.35	\$39.21
	Family	\$109.29	\$65.57