## **Applied Intellect LLC**

## **Dental Plan Comparison**

## **Current and Alternate Plans**

Benefit		Current/Renewal		Option 1	
Description		United Concordia- Concordia Flex		United Concordia F-Plan 3W / 5000	
Calendar Year Deductible		Single: \$50 Family: \$150		Single: \$50 Family: \$150	
Annual Benefit Maximum		\$2,000 per person		\$5,000 per person	
Orthodontia Lifetime Maximum		N/A		\$2,000 per person	
Class 1 - Diagnostic/Prev	entive Services				
Exams		Plan pays 100%		Plan pays 100%	
Cleanings & Fluoride Treatments		Plan pays 100%		Plan pays 100%	
X-Rays (Bitewings)		Plan pays 100%		Plan pays 100%	
X-Rays (All others)		Plan pays 100%		Plan pays 100%	
Palliative Treatment (Emergency)		Plan pays 100%		Plan pays 100%	
Space Maintainers		Plan pays 100%		Plan pays 100%	
Sealants		Plan pays 100%		Plan pays 100%	
Class 2 - Basic Services					
Basic Restorative		Plan pays 80% after deductible		Plan pays 90% after deductible	
Simple Extractions		Plan pays 80% after deductible		Plan pays 90% after deductible	
Complex Oral Surgery		Plan pays 80% after deductible		Plan pays 90% after deductible	
Endodontics		Plan pays 80% after deductible		Plan pays 90% after deductible	
Non-Surgical Periodontics		Plan pays 80% after deductible		Plan pays 90% after deductible	
Surgical Periodontics		Plan pays 80% after deductible		Plan pays 90% after deductible	
Class 3 - Major Services					
Inlays, Onlays, Crowns		Plan pays 50% after deductible		Plan pays 60% after deductible	
Prosthetics (Bridges, Dentures)		Plan pays 50% after deductible		Plan pays 60% after deductible	
<b>Orthodontics</b>		N/A		Plan pays 50% per person	
Waiting Period		None		None	
Out of Network Reimbursement		90th Percentile of Usual, Reasonable, and Customary		90th Percentile of Usual, Reasonable, and Customary	
<b>Benefit Selection</b>	# of Employees	Current Rates	Total	Alternate Rates	Total
Employee Only		\$36.46		\$53.21	
Employee & Spouse		\$72.17		\$105.36	
Employee & Child(ren)		\$65.35		\$110.10	
Family		\$109.29		\$173.96	
Total					