

DENTAL PLAN OVERVIEW AND PREMIUMS

The dental plan is administrated by EMI Health and provides access to dental services from any licensed provider. EMI Health provides you access to two provider networks, Advantage Plus and Premier Network. Your costs will be lowest if you select an Advantage Plus provider.



	IN-NETWORK		OUT-OF-NETWORK
	ADVANTAGE PLUS NETWORK	PREMIER NETWORK	
Annual Deductible applies to basic and major services	\$0	\$0	\$37.50 person \$112.50 family max
Annual Maximum the plan will pay per person	\$1,500	\$900	\$900
Preventive exams, cleanings, x-rays, fluoride	100%	100%	80%
Basic fillings, oral surgery	90%	80%	60%
Major crowns, bridges, prosthodontics	50%	50%	40%
Orthodontic Lifetime Max	\$1,312.50	\$1,312.50	\$1,312.50

For complete details, see the Summary Plan Descriptions at www.benefits.slco.org. The 2017 Summary Plan Descriptions will be available on April 1, 2017.

ANNUAL DENTAL PLAN PREMIUM

The following charts provide your and the County's **annual** premiums. To determine your per pay period amount, divide the annual amount by 24.

Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

DENTAL PLAN	EMPLOYEE COST	COUNTY COST
Employee only	\$136.80	\$547.20
Employee and one dependent	\$175.20	\$700.80
Employee and two or more dependents	\$264.00	\$1,056.00

Part-Time Employees with Benefits Working 20-29 Hours per Week

DENTAL PLAN	EMPLOYEE COST	COUNTY COST
Employee only	\$273.60	\$410.40
Employee and one dependent	\$350.40	\$525.60
Employee and two or more dependents	\$528.00	\$792.00