LAN The Elevanta Health vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

ELEVANTA	HEALTH	VISION PLAN

BENEFITS	IN-NETWORK	OUT-OF-NETWORK	
Medical Deductible			
Comprehensive Exam	\$10 copay	n/a	
Materials	\$10 copay	n/a	
Benefits			
Eye Exam	Covered in full	\$40 allowance	
Lenses			
Single Vision	Covered in full	\$40 allowance	
Lined Bifocial	Covered in full	\$60 allowance	
Lined Trifocial	Covered in full	\$80 allowance	
Lenticular	Covered in full	\$80 allowance	
Frames			
Frames	Covered in full	\$45 allowance	
Retail	\$150 allowance	\$45 allowance	
Contact Lenses (in lieu of lenses and frames)			
Covered Selection Contacts	Up to 6 boxes	Up to \$150	
Non-Selection Contacts	Up to \$150	Up to \$150	
Necessary Contacts	100%	Up to \$210	
Frequency			
Eye Exam	12 months		
Lenses	12 months		
Frames	24 months		
Contact Lenses	12 months		

ELEVANTA HEALTH DENTAL PLAN	made on a
ELEVANIA DEALID DENIAL FLAN	can be obt

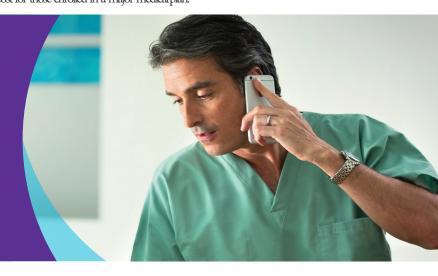
The Elevanta Health dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1 Participating physician and hospital information can be obtained via cbabluevt.com/dental.

BENEFITS	HIGH OPTION:	LOW OPTION:
Deductible Applies to classes 1, 2 and 3	\$25 individual \$75 family	\$50 individual \$150 family
Coinsurance Class 1: Preventive Services Class 2: Basic Restorative Services Class 3: Major Restorative Services Class 4: Orthodontic Services	100% 80% 50% 50%	100% 80% 50% 50%
Plan Year Benefit Maximum Per individual. Applies to classes 1, 2 and 3	\$1,500	\$1,000
Lifetime Orthodontic Benefit Maximum Covered benefit up to age 19. Maximum is per individual	\$1,500	\$1,500
Class 1: Preventive Services	Oral Exams, cleanings, x-rays (bitewing - 2x per plan year, full mouth - 1 every 3 plan years, panoramic - 1 every 3 plan years, individual teeth - as needed), sealants (under age 15 - posterior teeth only), fluoride - 2x every plan year (up to age 19)	Oral Exams, cleanings, x-rays (bitewing - 2x per plan year, full mouth - 1 every 3 plan years, panoramic - 1 every 3 plan years, individual teeth - as needed), sealants (under age 15 - posterior teeth only), fluoride - 2x every plan year (up to age 19)
Class 2: Basic Restorative Services	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.
Class 3: Major Restorative Services	Gold foil restorations, inlays/onlays, crowns (except stainless steel - see class 2), temporary crowns, dentures, temporary partials and/ or dentures, bridges, termporary bridges, maxillofacial prosthetics, precision or semi- precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	Gold foil restorations, inlays/onlays, crowns (except stainless steel - see class 2), temporary crowns, dentures, temporary partials and/ or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi- precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.
Class 4: Orthodontic Services	Initial exam, charting, appliances, retention.	Initial exam, charting, appliances, retention.



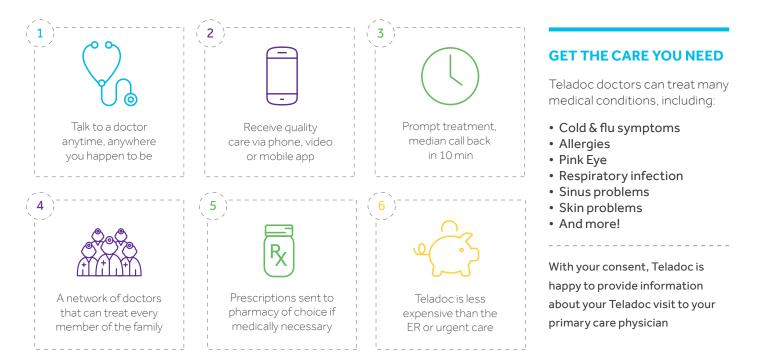
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