



MONTHLY BENEFIT OPTION RATES

DENTAL & VISION

May 1, 2025 – April 30, 2026

DENTAL PLANS	DENTAL LOW	DENTAL HIGH
Employee Only	\$51.00	\$55.00
Employee + Spouse	\$86.00	\$93.00
Employee + Child(ren)	\$102.00	\$107.00
Family	\$137.00	\$146.00

VISION PLANS	
Employee Only	\$7.10
Employee + Spouse	\$13.35
Employee + Child(ren)	\$13.95
Family	\$21.00

ELEVANTA HEALTH VISION PLAN

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.

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 Bifocal	Covered in full	\$60 allowance
Lined Trifocal	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

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 cbbluevt.com/dental.

BENEFITS	HIGH OPTION:	LOW OPTION:
Deductible	\$25 individual	\$50 individual
Applies to classes 1, 2 and 3	\$75 family	\$150 family
Coinsurance		
Class 1: Preventive Services	100%	100%
Class 2: Basic Restorative Services	80%	80%
Class 3: Major Restorative Services	50%	50%
Class 4: Orthodontic Services	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, 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.	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.