

2017-18 (Charterlife trust)

Tier	Delta Dental PPO 2000	Ct.	Delta Dental PPO 1000	Ct.	Deltacare DHMO	Ct.	VSP Vision	Ct.	Unum Life 50,000	Ct.
Employee Only	\$55.09	8	\$46.04	6	\$13.91	30	\$9.38	44	\$5.36	87
Employee + Spouse	\$106.26	1	\$89.57	1	\$26.52	9	\$18.54	11		
Employee + Child(ren)										
Family	\$176.94	3	\$147.01	6	\$42.76	18	\$30.36	23		
MONTHLY PREMIUM	\$1,077.80	12	\$1,247.87	13	\$1,425.66	57	\$1,314.94	78	\$466.32	87
ANNUAL PREMIUM	\$12,933.60		\$14,974.44		\$17,107.92		\$15,779.28		\$5,595.84	

2018-19 Option ONE: vs. Direct Delta Dental, Vision, Life (WGBCO)

Tier	Delta Dental PPO 1500	Ct.	Deltacare DHMO	Ct.	VSP Vision 180	Ct.	VSP Vision 200	Ct.	Unum Life 50,000	Ct.
Employee Only	\$55.36	14	\$15.97	30	\$10.29	44	\$13.27	44	\$0.071	87
Employee + Spouse	\$102.74	2	\$26.31	9	\$14.91	11	\$19.23	11		
Employee + Child(ren)			\$38.89							
Family	\$170.63	9	\$38.89	18	\$26.73	23	\$34.48	23		
MONTHLY PREMIUM	\$1,057.51	25	\$1,415.91	57	\$1,231.56	78	\$1,588.45	78	\$298.20	87
ANNUAL PREMIUM	\$12,690.12		\$16,990.92		\$14,778.72		\$19,061.40		\$3,578.400	

Benefits	CURRENT Delta Dental PPO 1000/2000/DHMO		Option ONE Direct Delta Dental PPO 1500/DHMO	
	In Network	Out of Network	In Network	Out of Network
Annual Max	\$2000/1000		\$1,500	
Annual Deductible	\$50		\$50 (waived on D&P)	\$50 (waived on D&P)
	3 per family		3 per family	
Deductible Waived	Preventive		Preventive	
Preventive Care	100%	100%	100%	
Basic Care	80%	60%	80%	80%
Office Visit/ Specialist	None		None	
Orthodontia	50%	50%	50%	50%
Major Care	50%	40%	50%	50%

Benefits	CURRENT Charterlife/VSP		Option C \$180/\$200 CoPay
	In Network	Out of Network	In Network
Annual Copayment	\$10 exam / \$25 materials		\$10 exam / \$
Eye Exam	\$10	Up to \$50	Covered after copayment
Single vision lenses	\$25	Up to \$70	Covered in full
Bifocal lens	\$25	Up to \$75	Covered in full
Trifocal lenses	\$25	Up to \$100	Covered in full
Frames	\$200 allowance	Up to \$70	\$180/\$200 allowance
Contact Lenses	\$150 allowance	Up to \$105	\$150 allowance
Frequency			
Eye Exam	12 months		12 months
Lenses	12 months		12 months
Frames	24 months		12 months
Contact Lenses	12 months		12 months

**ONE VSP
100 Direct
Power**

**Out of
Network**

\$25 materials

Up to \$45

Up to \$30

Up to \$50

Up to \$65

\$180/\$200
allowance

Up to \$105

months

months

months

months