

2025 Dental Plan - Comparison Chart

OPTIONS	MAXIMUM PER CALENDAR YEAR BENEFIT	DEDUCTIBLE	DIAGNOSTIC AND PREVENTIVE	BASIC BENEFITS	MAJOR SERVICES	PROSTHODONTIC BENEFITS	ORTHODONTICS
DELTA DENTAL LOW	\$1,200 (per person)	\$25 (per person) \$75 (per family)	100% of Delta dentist's allowed fee (no deductible applies to these services)	80% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	N/A
DELTA DENTAL MID	\$1,000 (per person)	\$25 (per person) \$75 (per family)	100% of Delta dentist's allowed fee (no deductible applies to these services)	80% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee (Subject to a \$3,000 lifetime maximum per person)
DELTA DENTAL HIGH	\$2,000 (per person)	\$25 (per person) \$75 (per family)	100% of Delta dentist's allowed fee (no deductible applies to these services)	80% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee	50% of Delta dentist's allowed fee (Subject to a \$3,000 lifetime maximum per person)

*** For full coverage details, please contact Delta Dental at 1-800-765-6003**

2025 Vision Plan - Comparison Chart

OPTIONS	ANNUAL DEDUCTIBLE	EXAMINATION	STANDARD LENSES AND CONTACTS	STANDARD FRAMES	FRAME ALLOWANCE	CONTACT LENSES	MEDICALLY NECESSARY CONTACTS	CONTACTS FIT-AND-FOLLOW-UP
VSP OPTION 1	\$0	Every 24 Months	Every 24 Months	Every 24 Months	\$150	<i>\$150 In Lieu of Lenses and Frames</i>	<i>No Charge</i>	<i>Up to \$60 copay</i>
VSP OPTION 2	\$0	Every 12 Months	Every 12 Months	Every 12 Months	\$180	<i>\$180 In Lieu of Lenses and Frames</i>	<i>No Charge</i>	<i>Up to \$60 copay</i>

**** For full coverage details, please contact VSP at 1-800-877-7195**