

**Benefits at a Glance – Health & Dental:**

<b><i>BENEFIT</i></b>	<b><i>BASIC OPTION</i></b>	<b><i>COMPREHENSIVE OPTION</i></b>	<b><i>PREMIUM OPTION</i></b>
<b><u>Medical</u></b>			
<b>Hospital</b>	Not Covered	100% (semi-private)	100% (semi-private)
<b>Hearing Aids</b>	60% up to U&C	90% up to U&C	100% up to U&C
<b>Drugs</b>	Dispensing fee plus 40%, Max EE pays per Rx is \$75	Dispensing fee plus 10%, Max EE pays per Rx is \$25	Dispensing fee, Max EE pays per Rx is \$25
<b>Professional Services</b>	60% - \$500 combined max./yr	90% - \$1500 combined max./yr	100% - \$2000 combined max./yr
<b>Eye Examinations</b>	Limited to one exam every 24 months, 60% up to \$65 max	Limited to one exam every 24 months, 90% up to \$80 max	Limited to one exam every 24 months, 100% up to \$95 max
<b>Vision Care</b>	\$200 glasses; Laser Eye \$500	\$250 glasses; Laser Eye \$1000	\$300 glasses; Laser Eye \$1500
<b>Out of Country Travel</b>	Included	Included	Included
<b><u>Dental</u></b>			
<b>Basic</b>	60%; \$750 max, 1 check-up/yr	80%; \$1500 max, 1 check-up/yr	100%; \$2,000 max, 2 check-ups/yr
<b>Major Restorative</b>	50%; max \$750	50%; max \$1500	50%; max \$2000
<b>Orthodontics (dep. children)</b>	50%; max \$1000	50%; max \$2500	50%; max \$3000
	(Current Fee Schedule)	(Current Fee Schedule)	(Current Fee Schedule)