

Rates 2009

Vision	VSP
Eye Exam - Copay	\$10 copay
Eye Exam - Benefit	1 x every 12 months
Material Copay	\$25 copay
Lenses	1 x every 12 months
Frames	1 x every 12 months up to \$130
Contact Lenses in lieu of glasses	Covered up to \$130
Contact Lenses Elective/Cosmetic	*Discounts available
COSTS	Monthly / Annual
Retiree	\$8.72 / \$104.64
Retiree/Spouse	\$13.30 / \$159.60

*In Lieu of Glasses

The Vision Summary is a summary of benefits typically covered under vision plans.

The Dental Summary is a summary of benefits typically covered under dental plans.

DENTAL	GUARDIAN	
	NETWORK	NON-NETWORK
Plan	Dental Guard	
Annual Deductible:		
Retiree	\$0	\$50
Retiree & Spouse	\$0	\$100
Percentage of UCR	90%	90%
Preventive Services		
Oral examinations	100%	100%
X-rays	100%	100%
Cleaning	100%	100%
Fluoride treatments (subject to age limits)	100%	100%
Emergency exams and palliative care for the relief of pain*	100%	100%
Basic Services:		
Oral surgery	50%	50%
Fillings	50%	50%
Simple Extractions	50%	50%
Endodontics (root canals)	50%	50%
Periodontics	50%	50%
Repair of dentures / bridgework	50%	50%
Major Services:		
Crowns, Inlays and onlays	50%	50%
Installation of removable or fixed bridgework	50%	50%
Installation of full & partial dentures	50%	50%
Annual Maximum (per person)	\$1,500	\$1,250
Carryover Annual Maximum (per person)	Yes	Yes
COSTS	Monthly / Annual	
Retiree	\$42.77 / \$513.24	
Retiree & Spouse	\$85.54 / \$1,026.48	