

Dodge County

Carrier	PRINCIPAL	
	Dental	
	In-Network	Out-of-Network
INDIVIDUAL ANNUAL DEDUCTIBLE	\$50	\$50
FAMILY ANNUAL DEDUCTIBLE	\$150	\$150
TYPE 1: DIAGNOSTIC AND PREVENTIVE SERVICES Routine Exams (1 in 6 months) Cleaning (1 in 6 months) Bitewing X-Rays (1 per calendar year) Full Mouth/Panoramic X-Rays (1 in 60 months) All Other X-Rays Space Maintainers (Under age 19) Sealants (Under age 19) Fluoride Treatment (Under age 19)	100% Deductible Waived	100% Deductible Waived
TYPE 2: BASIC SERVICES Fillings (Amalgam and Composite) Stainless Steel and Prefabricated Resin Crowns Periodontal Prophylaxis Prosthetic Repairs and Adjustments Harmful Habit Appliance (Under age 19) Emergency Exam Simple Extractions General and IV Anesthesia	80%	80%
TYPE 3: MAJOR SERVICES Inlays / Onlays / Crowns Endodontics (Simple and Complex) Periodontics (Surgical and Non-Surgical) Complex Extractions and other Oral Surgery Dentures, Bridges and Partial	50%	50%
Calendar Year Maximum	\$1,000	
	Current	Renewal
Employee Only 50	\$28.76	\$27.32
Employee + 1 15	\$54.32	\$51.60
Employee + 2 or more 25	\$88.16	\$83.75
Estimated Monthly Premium	\$4,456.80	\$4,233.75 -5.0%
	• OON claims are paid at the 80th percentile • Includes annual enrollment	

This summary is for illustration purposes only. If there is a discrepancy between this summary and the policy, the policy governs.

Dodge County
Dental Contribution Summary

Renewal contributions are based on Dodge County continuing to pay 25% of single

Monthly Premium Rates	Current	Revised Renewal
Single	\$28.76	\$27.32
Employee + 1 Dependent	\$54.32	\$51.60
Employee + 2 or more Dependents	\$88.16	\$83.75
Dodge County's Monthly Contribution		
Single	\$7.19	\$6.83
Employee + 1 Dependent	\$7.19	\$6.83
Employee + 2 or more Dependents	\$7.19	\$6.83
Employee Monthly Contribution		
Single	\$21.57	\$20.49
Employee + 1 Dependent	\$47.13	\$44.77
Employee + 2 or more Dependents	\$80.97	\$76.92
Employee Contributions Per Pay Period (24 pp)		
Single	\$10.79	\$10.25
Employee + 1 Dependent	\$23.57	\$22.39
Employee + 2 or more Dependents	\$40.49	\$38.46
Total Monthly Plan Premiums	\$4,456.80	\$4,233.75
Monthly Employer Premiums	\$647.10	\$614.70
Monthly Employee Premiums	\$3,809.70	\$3,619.05
Dodge County's Percentage	15%	15%
Employee's Percentage	85%	85%

Dodge County

CARRIER	PRINCIPAL	
	Vision - VSP Network	
	In Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$45
SPECTACLE LENSES		
Single Vision Lenses	\$25 Copay	Up to \$30
Lined Bifocal Lenses	\$25 Copay	Up to \$50
Lined Trifocal Lenses	\$25 Copay	Up to \$65
Lenticular Lenses	\$25 Copay	Up to \$100
FRAMES		
Frames	\$150 allowance; 20% off balance	Up to \$70
CONTACT LENSES		
Elective Contacts	Up to \$60 Copay for elective lens exam (fitting and evaluation)	Up to \$105
	\$150 allowance	
Medically Necessary Contacts	\$25 Copay (Covered in full for specific conditions)	Up to \$210
FREQUENCIES		
Exam	Once every 12 months	
Spectacle Lenses	1 pair every 12 months	
Frames	1 set every 24 months	
Contact Lenses <i>(in lieu of complete pair of glasses)</i>	Once every 12 months	
RATES		
	Current	Renewal
Single 40	\$8.92	\$8.03
Employee + Spouse 17	\$17.06	\$15.36
Employee + Children 5	\$17.06	\$15.36
Family 15	\$28.03	\$25.23
Estimated Monthly Premium	\$1,152.57	\$1,037.57 -10.0%
	<ul style="list-style-type: none"> ▪ Up to \$80 allowance on wide selection of frames from Costco ▪ Laser Vision Correction Discounts - only available from contracted facilities 	

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Dodge County
Vision Contribution Summary

Renewal contributions are based on Dodge County continuing to pay 25% of single

Monthly Premium Rates	Current	Revised Renewal
Single	\$8.92	\$8.03
Employee + Spouse	\$17.06	\$15.36
Employee + Children	\$17.06	\$15.36
Family	\$28.03	\$25.23
Dodge County's Monthly Contribution		
Single	\$2.23	\$2.01
Employee + Spouse	\$2.23	\$2.01
Employee + Children	\$2.23	\$2.23
Family	\$2.23	\$2.01
Employee Monthly Contribution		
Single	\$6.69	\$6.02
Employee + Spouse	\$14.83	\$13.35
Employee + Children	\$14.83	\$13.13
Family	\$25.80	\$23.22
Employee Contributions Per Pay Period (24 pp)		
Single	\$3.35	\$3.01
Employee + Spouse	\$7.42	\$6.68
Employee + Children	\$7.42	\$6.68
Family	\$12.90	\$11.61
Total Monthly Plan Premiums	\$1,084.33	\$976.13
Monthly Employer Premiums	\$162.79	\$146.77
Monthly Employee Premiums	\$921.54	\$829.36
Dodge County's Percentage	15%	15%
Employee's Percentage	85%	85%