

**EMPIRE ESSENTIAL CHOICE BENEFIT OPTIONS**  
 EFFECTIVE JULY 1, 2020

	Low Plan		Middle Plan		High Plan	
<b>Eligibility</b>	Employee, employee's spouse or domestic partner, and eligible dependent children to the end of the month that dependent turns age 26					
<b>Deductibles waived for diagnostic and preventive</b>	\$50 per person \$150 per family each plan year		\$50 per person \$150 per family each plan year		\$50 per person \$150 per family each plan year	
<b>Maximum plan year coverage per person</b>	Network Dentist – \$1,000 Non-Network Dentist – \$750		Network Dentist – \$1,500 Non PPO Dentist – \$1,000		Network Dentist – \$2,000 Non PPO Dentist – \$1,500	
<b>Benefits and Covered Services</b>	Low Plan		Middle Plan		High Plan	
	In-Network	Out-of-Network	Network	Out-of-network	Network	Out-of-Network
<b>Diagnostic and Preventive:</b> Exams, cleanings, x-rays, sealants	100%	80%	100%	100%	100%	100%
<b>Basic Services:</b> fillings	80%	60%	80%	80%	90%	80%
<b>Endodontics:</b> root canals	80%	60%	80%	80%	90%	80%
<b>Periodontic:</b> gum treatments	80%	60%	80%	80%	90%	80%
<b>Oral Surgery</b>	80%	60%	80%	80%	90%	80%
<b>Major Services:</b> Crowns, inlays, onlays, cast restorations	N/A	N/A	50%	50%	60%	50%
<b>Prostodontics:</b> Bridges, dentures	N/A	N/A	50%	50%	60%	50%
<b>Implants</b>	N/A	N/A	50%	50%	50%	50%
<b>Orthodontic Benefits:</b> children to age 20	N/A	N/A	50%	50%	50%	50%
<b>Orthodontic Lifetime Maximums</b>	N/A	N/A	\$750	\$750	\$1,500	\$1,500

<b>EMPIRE DENTAL INSURANCE</b>			
<i>Per pay period cost</i>			
	Low	Middle	High
Employee	\$7.47	\$13.71	\$19.20
EE + Spouse	\$17.24	\$32.82	\$45.99
EE + Child(ren)	\$17.01	\$29.94	\$41.82
EE+ Family	\$25.69	\$46.80	\$65.64

*This comparison is not the benefit summary a Summary Plan Description; any benefit plan questions should reference documents found on the RK Xchange.*