

2021 Empire Essential Choice Dental Plans

Effective July 1, 2021

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

Empire Essential Choice Dental Insurance			
Per pay period cost			
	Low	Middle	High
Employee	\$7.02	\$12.89	\$18.05
EE + Spouse	\$16.20	\$30.84	\$43.23
EE + Child(ren)	\$15.99	\$28.15	\$39.31
EE+ Family	\$24.15	\$43.99	\$61.70

Please note: While every effort has been made to ensure the accuracy of this information, we cannot guarantee accuracy and are not liable for errors or omissions. This is not intended to be a complete comparison of all contract provisions. Full benefit summaries are available through the RKSolution. Rev. 4/25/21

NORTHERNRIVERS