



MY HR PROS Pro Benefits



DENTAL

Dental Low Plan

Per Month

Employee Only	\$23.37
Employee Spouse	\$42.58
Employee Child	\$43.72
Family	\$61.52

Dental High Plan

Per Month

Employee Only	\$36.56
Employee Spouse	\$70.01
Employee Child	\$67.78
Family	\$99.74

	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Network is DentalGuard Preferred Network				
Calendar year deductible				
Individual	\$50	\$50	\$50	\$50
Family limit	\$150	\$150	\$150	\$150
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)				
Preventive Care	80%	80%	100%	100%
Basic Care	80%	80%	90%	80%
Major Care	50%	50%	60%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1000		\$1500	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$500		\$700	
Rollover Amount	\$250		\$350	
Rollover Amount	\$350		\$500	
Rollover Account Limit	\$1000		\$1250	
Lifetime Orthodontia Maximum	\$500 (applies to all levels)		\$1000 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	