

Sample Ancillary Plans

DENTAL PLAN

With EssentialCare's dental coverage, your employee picks the dentist.

Maximum benefit	\$750
Deductible	\$50

Dental Benefits	Benefit Amount
Coverage A	
No waiting period	
Exams, intraoral films and bitewings	
Co-insurance percentage paid by plan	80%
Coverage B	
Three-month waiting period	
Fillings, oral Surgery and crowns, bridges and denture repair	
Co-insurance percentage paid by plan	60%
Coverage C	
Twelve-month waiting period	
Periodontics, endodontics, crowns, bridges and dentures	
Co-insurance percentage paid by plan	50%

VISION PLAN

EssentialCare includes limited benefits for eye exams and contacts or glasses.

Vision Benefits	Frequency	Benefit % Payable and Deductible Amount	Maximum Benefit Amount
Eye Exam for eyeglasses	1 visit per year	80% after a \$5-per-visit deductible	\$25
Choice A: Eyeglasses			
Single-vision lenses	2 lenses per year	75% after a	\$35
Bifocal lenses	"	\$15-per-purchase	\$35
Trifocal lenses	"	deductible	\$50
Lenticular lenses	"	"	\$75
Frames	1 pair per year	"	\$25
Choice B: Contact Lenses			
(As an alternative to glasses)	2 lenses per year	"	\$95
Choice C: Disposable Contact Lenses			
(As an alternative to contact lenses)	up to a 12-month supply per year	"	\$75

Members may choose only one of the available benefits in any 12-month period: A or B or C.

This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.

TERM LIFE PLAN

Term Life Benefits	Benefit Amount
Life Benefit	\$20,000
Employee Accidental Death Benefit (Amounts reduced by 50% at age 70)	\$20,000
Dependent (older than 6 months)	\$ 2,500
Dependent (age 6 months or less) (Spouse coverage ends at age 70)	\$ 500

SHORT-TERM DISABILITY PLAN (Employee Only)

Short-term Disability Benefits	Benefit Amount
Maximum benefit amount per week	\$150
Percentage of weekly base pay	50%
Waiting period	14 days
Maximum number of weeks	26

Available if Term Life Plan is selected.