

Choose your adult dental plan

Adult Dental Preferred is the plan for you if you're looking for a plan that covers preventive services (like exams and cleanings) and basic services (like fillings and root canals).

Adult Dental Premier is the plan for you if you're looking to get the added protection of lower out-of-pocket costs and coverage for major services, such as crowns and dentures.

	Adult Dental Preferred		Adult Dental Premier ¹	
In-network benefits	You pay		You pay	
Annual deductible	\$50 individual; \$150 family		\$50 individual; \$150 family	
Annual maximum benefit	\$1,000 per covered member		\$1,000 per covered member	
Start using these services right away	You pay		You pay	
Exams	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Cleanings	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Bitewing X-rays	Covered at 100%, no deductible, no waiting period	1 set per 24 months, ages 19 – 29; 1 set per 3 years, ages 30 and older	Covered at 100%, no deductible, no waiting period	1 set per 18 months
Full mouth X-rays	Covered at 100%, no deductible, no waiting period	1 per 5 years	Covered at 100%, no deductible, no waiting period	1 per 5 years
Fillings, extractions	50% after deductible	No waiting period	20% after deductible	No waiting period
You'll get these benefits after 12 months	You pay		You pay	
Root canals, periodontics, oral surgery	50% after deductible	12-month waiting period for new members	20% after deductible	12-month waiting period for new members
Crown and denture repair	50% after deductible	12-month waiting period for new members	20% after deductible	12-month waiting period for new members
Crowns and dentures	Not covered	N/A	50% after deductible	12-month waiting period for new members

Monthly premiums per member

Age	Adult Dental Preferred	Adult Dental Premier
19–25	\$17.55	\$31.42
26–39	\$18.65	\$33.38
40–49	\$21.94	\$39.27
50–63	\$25.78	\$46.14
64+	\$26.33	\$47.12

¹ With the Adult Dental Premier plan, the amount the plan pays for these services is not deducted from the annual benefit maximum.

Choose an adult vision plan

	Vision Care 100	Vision Care 180
In-network benefits	You pay	You pay
Frequency (exam and hardware)	Once every calendar year	Once every calendar year
Copays for exam and lenses	\$0	\$0
Frame	You pay	You pay
Davis Vision Exclusive Frame Collection (instead of allowance):		
• Fashion selection	\$0 copay	\$0 copay
• Designer selection	\$15 copay	\$0 copay
• Premier selection	\$40 copay	\$25 copay
Non-Collection frame allowance	Up to \$100, 20% discount on average ¹	Up to \$130, or up to \$180 ² at Visionworks, 20% discount on average ³
Lens options	You pay	You pay
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	\$0	\$0
Tinting of plastic lenses	\$15	\$0
Scratch-resistant coating	\$0	\$0
Polycarbonate lenses	\$35	\$30
Ultraviolet coating	\$0	\$0
Anti-reflective (AR) coating	\$40/\$55/\$69	\$35/\$48/\$60
Progressive lenses	\$65/\$105/\$140	\$50/\$90/\$140
High-index lenses	\$60	\$55
Transition lenses (plastic photosensitive)	\$70	\$65
Polarized lenses	\$75	\$75
Contact lens benefit (instead of eyeglasses)	Benefit	Benefit
Davis Vision Contact Lens Collection (instead of allowance)		
• Disposable	Not covered	4 boxes/multi-packs
• Planned replacement	Not covered	2 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Not covered	Included
Non-Collection contact lenses: Materials allowance	Up to \$100, plus 15% discount on average ³	Up to \$130, plus 15% discount on average ³
Medically necessary contact lenses (with prior approval): Materials, evaluation, fitting, and follow-up care	Included	Included
Out-of-network	Reimbursable amount (up to)	Reimbursable amount (up to)
Eye examination	\$40	\$40
Frame	\$50	\$50
Lenses: Single/bifocal/trifocal/lenticular	\$40/\$60/\$80/\$100	\$40/\$60/\$80/\$100
Elective contact lenses	\$80	\$105
Medically necessary contact lenses	\$225	\$225

Monthly premiums

Family tier	Vision Care 100	Vision Care 180
Individual	\$13.21	\$14.17
Individual + one dependent	\$26.41	\$28.33
Individual + two or more dependents	\$39.62	\$42.50

¹ Discount not available at Walmart, Sam's Club, and Costco.

² Enhanced frame allowance available at all Visionworks locations nationwide. Only available with Vision Care 180 plan.

³ Certain plan benefits may be enhanced to comply with health care reform law/regulations. Eligible dependent children are covered to age 26.