

Dental & Vision Coverages

Rates shown are guaranteed rates offered by the SMVCA contractors Association. Humana has contracted with the SMVCA to bring you unlimited annual maximum benefits for dental and special rating for dental vision and life coverage. Employees can purchase any of the 3 coverages independently. 5 employees are required to enroll in life benefits in order to be offered. At least 2 employees must enroll in either dental or vision to qualify.

Annual Maximum Benefit

PPO Humana Network *(Waiting Periods May Apply)*

Calendar Year Deductible

Preventative Services

Basic Services

Major Services

Orthodontia Services - covers children through age 18

WEEKLY PREMIUMS

Employee only

Employee & Spouse only

Employee & Children only

Family

PPO Humana VSP Network

Vision Exam

Contact Lenses

Standard Plastic Lenses

Frames

Frequency

Examination

Lenses or Contacts

Frames

WEEKLY PREMIUMS

Employee only

Employee & Spouse only

Employee & Children only

Family

Contractor's Association Dental & Vision Plans

Humana

Unlimited Benefits No Maximum

\$50 single \$150 Family

100% after deductible

80% after deductible

50% after deductible

50% no deductible
\$1,000 lifetime max

\$ 8.29

\$ 16.58

\$ 22.58

\$ 31.16

\$10 Copay

Up to \$40 co-pay

\$15 co-pay

\$130 Allowance

Once every 12 months

Once every 12 months

Once every 24 months

\$ 1.48

\$ 2.97

\$ 2.82

\$ 4.43



See Benefit Summary for full explanation of benefits/fees