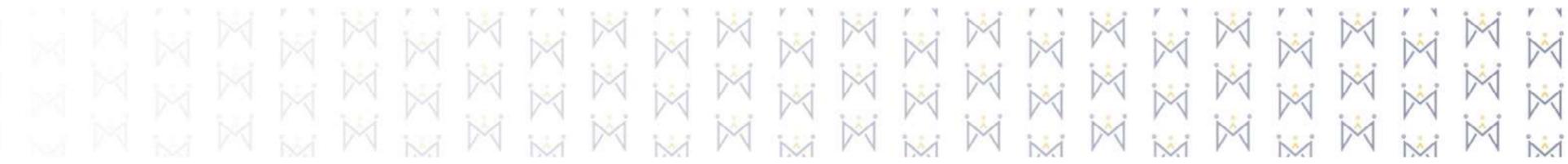


City of Napoleon Dental Plan Comparison

Carrier Benefit	High Plan Aetna Dental - Self Insured		Mid Plan Aetna Dental - Self Insured		Value Plan Aetna Dental - Self Insured	
	In-Network	Out-of-Network (80th UCR)	In-Network	Out-of-Network (80th UCR)	In-Network	Out-of-Network (80th UCR)
Deductible (Individual/Family)	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50	\$50/\$150	\$50/\$150
Preventative & Diagnostic	100% Exams, cleanings, fluoride treatment, sealants, x-rays, and space maintainers	100% of UCR	100% Exams, cleanings, fluoride treatment, sealants, x-rays, and space maintainers	100% of UCR	100% Exams, cleanings, fluoride treatment, sealants, x-rays, and space maintainers	100% of UCR
Basic Services	100% after deductible oral surgery, periodontics, endodontics, fillings, and emergency palliative treatment	100% of UCR after deductible	80% after deductible simple extractions, periodontics, endodontics, fillings, and emergency palliative treatment	80% of UCR after deductible	80% after deductible simple extractions, fillings, and emergency palliative treatment	80% of UCR after deductible
Major Services	90% after deductible Inlays/onlays, crowns, dentures, bridges, and implants	90% of UCR after deductible	80% after deductible Oral surgery, inlays/onlays, crowns, dentures, bridges, and implants	80% of UCR after deductible	50% after deductible Oral surgery, periodontics, endodontics, Inlays/onlays, crowns, dentures, bridges, and implants	50% of UCR after deductible
Calendar Year Maximum	\$2,500		\$1,250		\$1,000	
Orthodontia Benefit	Included; Adult & Child; pays 80% to a \$1,500 Lifetime Maximum		Included; Adult & Child; pays 60% to a \$1,000		Included; Child Only; pays 50% to a \$1,000 Lifetime Maximum	
UCR Percentile	If an employee goes to an In-Network Provider, they are not balance billed and their benefits are based on the contracted rates that the carrier has with that provider.	If an employee goes to a provider that is Out-of-Network , they can be balance billed and their benefits are based on the 80th percentile of UCR.	If an employee goes to an In-Network Provider, they are not balance billed and their benefits are based on the contracted rates that the carrier has with that provider.	If an employee goes to a provider that is Out-of-Network , they can be balance billed and their benefits are based on the 80th percentile of UCR.	If an employee goes to an In-Network Provider, they are not balance billed and their benefits are based on the contracted rates that the carrier has with that provider.	If an employee goes to a provider that is Out-of-Network , they can be balance billed and their benefits are based on the 80th percentile of UCR.
Network	Aetna Dental Network		Aetna Dental Network		Aetna Dental Network	
Waiting Periods for services	None		None		None	



City of Napoleon Vision Plan Comparison

Proposed Effective Date: January 1, 2020

Benefit Provision	High Plan Aetna - Fully Insured		Mid Plan Aetna - Fully Insured		Value Plan Aetna - Fully Insured	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Frequency of Service						
Exam	Every 12 months		Every 12 months		Every 12 months	
Materials						
Lenses (must choose glasses or contacts; not both)	Every 12 months		Every 12 months		Every 12 months	
Frames (one pair)	Every 12 months		Every 24 months		Every 24 months	
Copayment/Deductible						
Exam	\$0 copay	n/a	\$10 copay	n/a	\$10 copay	n/a
Materials	\$0 copay	n/a	\$10 copay	n/a	\$25 copay	n/a
Benefits (after Copayment)						
Eye Exams	Covered in Full	\$30 reimbursement	Covered in Full	\$30 reimbursement	Covered in Full	\$30 reimbursement
Single Vision Lenses	Covered in Full	\$35 reimbursement	Covered in Full	\$35 reimbursement	Covered in Full	\$35 reimbursement
Lined Bifocal Lenses	Covered in Full	\$55 reimbursement	Covered in Full	\$55 reimbursement	Covered in Full	\$55 reimbursement
Lined Trifocal Lenses	Covered in Full	\$90 reimbursement	Covered in Full	\$90 reimbursement	Covered in Full	\$90 reimbursement
Frames	\$150 Allowance, then 20% off	\$85 reimbursement	\$130 Allowance, then 20% off	\$85 reimbursement	\$130 Allowance, then 20% off	\$85 reimbursement
Contact Lenses - Medically Necessary	Covered in Full	\$210 reimbursement	Covered in Full	\$210 reimbursement	Covered in Full	\$210 reimbursement
Contact Lenses - Cosmetic/Elective	\$150 allowance, then 15% off balance	\$120 reimbursement	\$130 allowance, then 15% off balance	\$120 reimbursement	\$130 allowance, then 15% off balance	\$120 reimbursement
Standard Progressive Lenses	\$65 Copay	\$55 reimbursement	\$75 Copay	\$55 reimbursement	\$90 Copay	\$55 reimbursement
Network	Aetna utilizes the EyeMed Vision network which includes many independent providers as well as retail chains such as LensCrafters, Pearle Vision, JC Penney, America's Best, Meijer Optical, and Target Optical.		Aetna utilizes the EyeMed Vision network which includes many independent providers as well as retail chains such as LensCrafters, Pearle Vision, JC Penney, America's Best, Meijer Optical, and Target Optical.		Aetna utilizes the EyeMed Vision network which includes many independent providers as well as retail chains such as LensCrafters, Pearle Vision, JC Penney, America's Best, Meijer Optical, and Target Optical.	

These benefit descriptions have been prepared from material furnished by the insurance carrier. In the event of a discrepancy, the insurance carrier contract will govern.