

Phoenix Alternatives, Inc.
HealthPartners Dental Benefit Summary
 1/1/18-12/31/18

Dental Options 2000

Dental Plan:	Option 1	Option 2	Option 3
Deductible:			
Single	\$0	\$0	\$25
Family	\$0	\$0	\$75
Annual Maximum:	\$2,000	\$2,000	\$2,000
Preventive Services:			Deductible Waived
Oral Evaluations	100%	100%	100%
Prophylaxis (Cleanings)	100%	100%	100%
Floride Treatments	100%	100%	100%
Basic Services:			Deductible Applies
Fillings (Amalgam)	100%	100%	100%
Fillings (Composite, posterior)	100%	100%	100%
Sealants	100%	100%	100%
Simple Extractions	80%	80%	80%
Complex Oral Surgery	80%	80%	80%
Endodontics (Root Canal)	80%	80%	80%
Periodontics (Gum Disease)	80%	80%	80%
Major Services:			Deductible Applies
Crowns, Inlays & Onlays	50%	50%	50%
Prosthodontics	50%	50%	50%
Orthodontia	None	None	None

		Tier 1	Tier 2	Tier 3
Total Premium Per Month	Single	\$43.16	\$51.52	\$56.02
	Single + 1	\$83.44	\$97.91	\$106.47
	Family	\$131.75	\$154.56	\$168.06
PAI Monthly Premium Contribution	Single	\$28.22	\$29.81	\$30.36
	Single + 1	\$36.30	\$38.07	\$39.12
	Family	\$43.39	\$46.14	\$47.82
EE Monthly Premium Cost	Single	\$14.94	\$21.71	\$25.66
	Single + 1	\$47.14	\$59.84	\$67.35
	Family	\$88.36	\$108.42	\$120.24