

**Phoenix Alternatives, Inc.**  
**HealthPartners Dental Benefit Summary**  
 1/1/19-12/31/19

**Dental Options 2000**

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

		Tier 1	Tier 2	Tier 3
Total Premium Per Month	Single	\$44.67	\$53.32	\$57.98
	Single + 1	\$86.36	\$101.34	\$110.20
	Family	\$136.36	\$159.97	\$173.94
PAI Monthly Premium Contribution	Single	\$28.21	\$29.80	\$30.36
	Single + 1	\$36.29	\$38.06	\$39.12
	Family	\$43.39	\$46.14	\$47.82
EE Monthly Premium Cost	Single	\$16.45	\$23.51	\$27.62
	Single + 1	\$50.06	\$63.27	\$71.08
	Family	\$92.97	\$113.83	\$126.12