
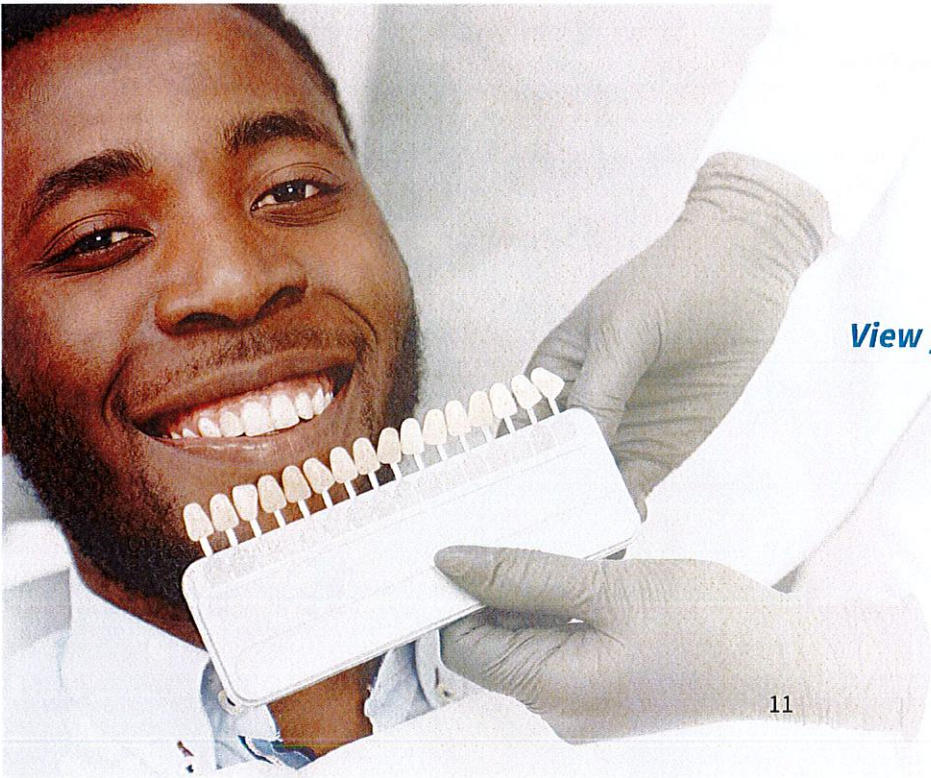


# DENTAL INSURANCE

Rochester Community School Corporation offers two dental plan options through Anthem. The plans are almost exactly the same, with the exception of the lifetime maximum for orthodontics.

| Anthem  | OPTION 1                                  | OPTION 2                                  |
|--|---|---|
|  | IN-NETWORK & OUT-OF-NETWORK               | IN-NETWORK & OUT-OF-NETWORK               |
| BENEFITS   |   |   |
| In-Network Calendar Year Deductible (Individual   Family)                                | \$50   \$150                              | \$50   \$150                              |
| Maximum Benefit (Per Person)   | \$1,500                                   | \$1,500                                   |
| HOW DOES THE PLAN WORK?  |   |   |
| <b>Preventive Services</b><br><i>Cleaning and X-rays</i>                                 | These services are covered at 100%        | These services are covered at 100%        |
| <b>Basic Services</b><br><i>Fillings, Extractions, Endodontics and Periodontics</i>      | You pay 10% once you meet your deductible | You pay 10% once you meet your deductible |
| <b>Major Services</b><br><i>Crowns and Bridgework</i>                                    | You pay 40% once you meet your deductible | You pay 40% once you meet your deductible |
| ORTHODONTICS   |   |   |
| Lifetime Maximum   | \$1,500                                   | \$2,500                                   |
| Age Limit  | Dependent children only (Up to age 19)    |   |
| Orthodontic Services   | You pay 50% once you meet your deductible |   |

*View your dental costs on the next page.*





# DENTAL COSTS

## OPTION 1 (\$1,500 Ortho Max)

|                   | Total Yearly Cost | Yearly Corp. Cost | Yearly Employee Cost | Retiree, Board Member Monthly Cost | Per 16 Pays Employee Cost | Per 25 Pays Employee Cost |
|-------------------|-------------------|-------------------|----------------------|------------------------------------|---------------------------|---------------------------|
| Employee          | \$371.04          | \$185.60          | \$185.44             | \$30.92                            | \$11.59                   | \$7.42                    |
| Employee + Child  | \$845.88          | \$200.44          | \$645.44             | \$70.49                            | \$40.34                   | \$25.82                   |
| Employee + Spouse | \$760.68          | \$197.80          | \$562.88             | \$63.39                            | \$35.18                   | \$22.52                   |
| Family            | \$1,324.68        | \$215.40          | \$1,109.28           | \$110.39                           | \$69.33                   | \$44.37                   |

## OPTION 2 (\$2,500 Ortho Max)

|                   | Total Yearly Cost | Yearly Corp. Cost | Yearly Employee Cost | Retiree, Board Member Monthly Cost | Per 16 Pays Employee Cost | Per 25 Pays Employee Cost |
|-------------------|-------------------|-------------------|----------------------|------------------------------------|---------------------------|---------------------------|
| Employee          | \$409.68          | \$186.80          | \$222.88             | \$34.14                            | \$13.93                   | \$8.91                    |
| Employee + Child  | \$933.96          | \$203.24          | \$730.72             | \$77.83                            | \$45.67                   | \$29.23                   |
| Employee + Spouse | \$839.76          | \$200.24          | \$639.52             | \$69.98                            | \$39.97                   | \$25.58                   |
| Family            | \$1,462.44        | \$219.88          | \$1,242.56           | \$121.87                           | \$77.66                   | \$49.70                   |

