

Consumer Driven Choices	RED*	RED PLUS	WHITE**	BLUE
Monthly Rates			With Ortho	With Ortho
Employee Only	\$5.00	\$8.95	\$24.95	\$38.22
Employee + Spouse	\$8.00	\$18.95	\$48.95	\$76.43
Employee + Child(ren)	\$8.00	\$21.95	\$54.95	\$85.29
Employee + Family	\$12.00	\$28.95	\$84.95	\$135.62
	A Managed Cost Dental & Vision Benefit Program	A Limited Reimbursement Program	A Comprehensive Reimbursement Program	Traditional Dental Insurance
Calendar Year Deductible:	No Deductible	No Deductible	\$50/\$150 (Basic & Major)	\$50/\$150 (Basic & Major)
Calendar Year Max Benefit:	No Maximum	No Maximum	\$1,500	\$1,000
Reimbursement %	N/A	100% Class I - 2/yr	100%***	90th Percentile
PREVENTIVE SERVICES - CLASS I				
Waiting Period	None	None	None	None
Office Visit	No Charge	No Charge	No Charge In-Network	
Routine Exams		100%*** of the Reimbursement Schedule QCD General Dentist Only	100%*** of the Reimbursement Schedule QCD General Dentist Only	
Cleaning	See Reduced Fee Schedule (Approximately 50% Savings)	See Reduced Fee Schedule (Approx. 50% Savings)	See Reimbursement Schedule for Out-of-Network Benefits	100% of UCR
X-rays Complete Series				
Fluoride Treatment				
Sealants				
Space Maintainers				
BASIC SERVICES - CLASS II				
Waiting Period	None	None	None	3 Months
Extractions			100%*** of the Reimbursement Schedule QCD General Dentist Only	
Fillings	See Reduced Fee Schedule (Approximately 50% Savings)	See Reduced Fee Schedule (Approximately 50% Savings)	See Reimbursement Schedule for Out-of-Network Benefits	80% of UCR
MAJOR SERVICES - CLASS III				
Waiting Period	None	None	None	12 Months
Crowns			100%*** of the Reimbursement Schedule QCD General Dentist Only	
Bridges				
Inlays/onlays	See Reduced Fee Schedule (Approximately 50% Savings)	See Reduced Fee Schedule (Approximately 50% Savings)	See Reimbursement Schedule for Out-of-Network Benefits	50% of UCR
Dentures				
Endo/Perio				
Oral Surgery				
ORTHODONTIA				
Waiting Period	None	None	None	12 Months
Lifetime Maximum Coverage	None	None	Life Max \$1,000 Children & Adult	Life Max \$1,000 Children Only
SPECIAL PROGRAM FEATURES				
	Household Coverage No Age or Relationship Restrictions	Benefit Level of a DHMO without the Operational Problems	No Frequency Limitations No Waiting Periods Brand New Ortho Maximum	Use Any Dentist
QCD Clear Vision Discount Program (Included In All Dental Plans)				
Eye Examination	Spectacle Lenses (Uncoated Plastic)			
Contact Lens Examination	Single \$35.00			
15% discount off Usual & Customary	Bifocal \$55.00			
15% discount off Usual & Customary	Trifocal \$65.00			
Frame	Lenticular \$110.00			
Priced up to \$70 Retail = \$40.00	Conventional			
Priced over \$70 Retail = \$40.00	20% off Provider's Usual & Customary			
10% off the amount over \$70.00	Disposable/Planned Replacement			
	10% off Provider's Usual & Customary			
*	QCD "RED" Program is a managed cost dental and vision benefit program. The member pays at time of service according to the QCD Schedule of Program Fees (Approximately 50% Savings). Family coverage on RED Only includes everyone in the household regardless of age or relationship.			
**	QCD " RED PLUS" and "WHITE" Program - Member pays a QCD provider at time of service per QCD Schedule of Program Fees and then submits a copy of the paid receipt for reimbursement - Claims paid in approximately 6-10 business days. Out-of-Network insurance reimbursements are per a set schedule and represent approximately 50% coverage.			
***	QCD "WHITE" Program reimburses the member for any service performed by a QCD General Dentist and listed by code on the RED Schedule of Program Fees at 100% (After Deductibles). Lab fees are additional and not reimbursed.			