

Dental Coverage and Rates

July 2024 Dental Renewal

The following monthly rates shall apply from July 1, 2024 through June 30, 2025

Rating Renewal July

Probationary Period 0M

<u>Benefit Option(s)</u>	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
OPTION 1S	\$51.63	\$99.74	\$178.41

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:

- 1) at least 75 % participation of Eligible Employees who do not otherwise have group dental coverage; and
- 2) Employees who elect to cover dependents must enroll all of their Eligible Dependents (other than dependent children age 19 and over) who do not otherwise have group dental coverage.

BENEFIT SCHEDULE

<u>Benefit Option(s)</u>	<u>Coverage A</u>	<u>Coverage B</u>	<u>Coverage C</u>	<u>Plan Year Maximum</u>	<u>Coverage D</u>	<u>Coverage D Maximum</u>	<u>Deductible</u>
OPTION 1S	100%	80%	50%	\$2,000	50%	\$1,000	\$0

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

None