

Dental Insurance



Eligibility: Effective 1st of the month following employment. See www.bankwithchoice.com/mybenefits for full plan summary

Plan Type	Employee Per Pay Premium Cost	In Network Deductible	Coinsurance Preventative/Basic/Major/Orthodontia* (%) <small>*(Orthodontia applies to those under the age of 19)</small>
Plan #1 (Annual \$1,250 Max Benefit + Rollover)			
Employee Only	\$21.37	\$50	100/80/50/50
Employee + Child/Children	\$55.02	\$50/person	
Employee + Spouse/Domestic Partner* <small>*Domestic partner eligibility requires shared residence & jointly responsible for basic living expenses.</small>	\$42.18	\$50/person	
Family	\$70.27	\$50/person (Deductible limit of 3)	
Plan #2 (Annual \$2,250 Max Benefit + Rollover)			
Employee Only	\$25.00	\$50	100/80/50/50
Employee + Child/Children	\$62.75	\$50/person	
Employee + Spouse/Domestic Partner* <small>*Domestic partner eligibility requires shared residence & jointly responsible for basic living expenses.</small>	\$50.55	\$50/person	
Family	\$94.76	\$50/person (Deductible limit of 3)	