## Offering one rate for medical, dental and vision coverage



A health plan that covers your employees' overall health can be hard to find, especially one that combines dental and vision coverage. That's why we have embedded our dental and vision into one enhanced plan that covers both pediatric and adult care.

Our bundled plans help your employees create good habits and identify conditions early to improve their health and lower your costs.

## Enhanced embedded dental and vision plan summary

	Adult (age 19 and older)	In network	Out of network	Pediatric (under age 19)	In network	Out of network
	Diagnostic and preventive	100%	100%	Diagnostic and preventive	100%	100%
	Basic	80%	80%	Basic dental care	80%	80%
	Major	50%	50%	Major	50%	50%
Denta	Orthodontia	Not covered		Medically necessary orthodontia	50%	50%
	Deductible (Basic and Major only)	\$50 per person		<b>Deductible</b> (Basic, major and orthodontia)	\$50 per person	
	Annual maximum	\$1,000			-	
	Out-of-network fee schedule	Maximum allowable charge		Out-of-network fee schedule	Maximum allowable charge	
	Network name	Prime		Network name	Prime	

	Adult (age 19 and	older)	Pediatric (under age 19)		
Vision	Copay for eye exam/eyeglass lenses	\$20	Copay for eye exam/eyeglass lenses	\$0	
	Frame allowance	\$130	Frame copay	\$0 (with Anthem formulary)	
	Contact lens allowance	\$80	Contact lens copay	\$0 (with Anthem formulary)	
	Eye exam (frequency)	1 per calendar year (CY)	Eye exam (frequency)	1 per CY	
	Eyeglass lenses (frequency)	1 every other CY	Eyeglass lenses (frequency)	1 per CY	
	Frames (frequency)	1 every other CY	Frames (frequency)	1 per CY	
	Contact Lenses (frequency)	1 every other CY	Contact lenses (frequency)	1 per CY	

When you bundle your coverage, you get comprehensive care and convenience at a lower price.



 $^{*}$  Enhanced embedded apply to select Whole Health plans and are identified by 'WH' at the end of the plan name.

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