

BIG TREE Dental & Vision 2020

Plan Sponsor: BIG TREE MEDICAL HOME/Big Tree Medical Investments, LLC

Plan Administrator: Group Benefit Services

Summary of Employee Benefit Offerings (See product benefit summaries for more details)

Dental

Group Benefit Services (GBS)

(No Network Restrictions)

Deductible (x2 Family)*	\$25
Annual Max Benefit	\$1500
Lifetime Ortho Max	\$1500
Preventive & Diagnostic	100%
Basic Services	90%
Major Services**	60%
Orthodontic	60% (to age 19)

* Deductible doesn't apply to preventive & diagnostic

**Initial installation or replacement of bridgework or dentures covered only after 12 months of continuous coverage. Prior coverage credit is allowed.

Vision

Group Benefit Services (GBS)

(No Network Restrictions)

Annual Deductible	\$25 (x2 Family)
Vision Coinsurance	90%
Maximum Annual Benefit	\$600
Eye Exam (12 mo)	\$100 Maximum
Lenses – Single (12 mo)	\$120 Maximum
Lenses - Bi-focal	\$130 Maximum
Lenses - Tri-focal	\$140 Maximum
Frames (24 mo)	\$130 Maximum
Contacts (12 mo)	90% Coinsurance to plan limit

**BIG TREE
MEDICAL HOME**
members and their immediate family members, have the exclusive opportunity of participation.

Dependents can be covered to the age of 26.

You may change your election only during the annual open enrollment period (11/1–11/30) unless you have a qualifying life event.

Monthly Rates *	GBS Dental	GBS Vision
Employee	\$37.00	\$12.00
Emp & Child(ren)	\$63.00	\$18.00
Emp & Spouse	\$80.00	\$22.00
Family	\$104.00	\$33.00

***Rates for Dental and/or Vision will be added to your BIG TREE membership on the 1st of the month following enrollment.**

The benefits illustrated are in summary form only. They should not be considered as complete in and of themselves. They are only for comparison. In case of a discrepancy, the plan documents apply. Please refer to the formal benefit summaries for a complete description of benefits, limitations & exclusions.