

BIG TREE Group 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 Group Dental & Vision

- Groups of 5+ enrolled Employees eligible for group pricing.
- Minimum of 5 enrolled Employees and 75% participation required.
- 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 DENTAL & VISION RATES

** Monthly Rates **	GBS Dental	GBS Vision
Employee	\$32.00	\$11.00
Emp & Child(ren)	\$64.00	\$22.00
Emp & Spouse	\$64.00	\$22.00
Family	\$96.00	\$33.00