

Dental and Vision Insurance Comparison Chart

Children may be covered until they reach the age of 26. Coverage will end on the last day of the month a child turns 26.

Dental Plan Coverage	Husky Dental 1		Husky Dental 2		
	Employee Only: \$30.94	• Employee + Child(ren): \$70.07	Employee Only: \$28.54	• Employee + Child(ren): \$56.13	
Delta Dental Premiums Per Month	• Employee + Spouse: \$57.52	• Employee + Spouse + Child(ren): \$108.62	Employee + Spouse: \$53	• Employee + Spouse + Child(ren): \$89.04	
Delta Dental In-Network Benefits Shown					
Class I – preventative – Twice a calendar year	0%		0%		
Class II – fillings, extractions, root canals	20%		50%		
Class III – crowns, gold fillings, dentures	50%		50%		
Class IV – orthodontic – dependents under 19	50% to a lifetime max of \$1,500		Not Available		
Dollar Maximum	\$1,500 per person per year		\$1,500 per person per year		

Vision Coverage				
VSP Vision Premiums Per Month	 Employee Only: \$9.03 Employee + Child(ren): \$19.33 Employee + Spouse: \$18.06 Employee + Spouse + Child(ren): \$30.89 			
VSP Vision In-Network Benefits Shown	 Office Visit \$10 copay – once per calendar year \$200 allowance for lenses or contacts – once every calendar year \$200 allowance for frames – once every 2 calendar years 			
Safety Glasses – Employee Only	Covered in full every 2 calendar years for any frame from the ProTec Eyewear collection			
Lightcare Benefit – Member Without Prescription Eyewear Only	Covered in full every 2 calendar years for any non-prescription sunglasses or blue light filtering glasses			