Company Name

Agent Name Here Effective Date

DENTAL BENEFITS SUMMARY



SERVICE • DRIVEN • BROKERAGE

	Carrier A Contributory/Voluntary Plan Network		Carrier B Contributory/Voluntary Plan Network		Carrier C Contributory/Voluntary Plan Network		Carrier D Contributory/Voluntary Plan Network		Carrier E Contributory/Voluntary Plan Network	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Preventative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	No Waitin	g Period	No Waitii	ng Period	No Waitir	ng Period	No Waiti	ng Period	No Waitir	ng Period
Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	No Waiting Period		No Waiting Period		No Waiting Period		No Waiting Period		No Waiting Period	
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	No Waiting Period		12 Month Waiting Period		No Waiting Period		12 Month Waiting Period		No Waiting Period	
Orthodontics	50% No Waitin	50% g Period	NA N	NA A	50% 12 Month Wa	50% aiting Period	NA N	NA IA	NA N	NA A
Annual Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Orthodontics Max	\$1,000		NA		\$15,000		NA		NA	
Endodontics Periodontics	Basic		Major		Basic		Major		Basic	
Deductible	Individual Family	\$50 \$150	Individual Family	\$50 \$150	Individual Family	\$50 \$150	Individual Family	\$50 \$150	Individual Family	\$50 \$150
Fee Basis	Fee Schedule		80% of UCR		Fee Schedule		80% of UCR		Fee Schdule	
Other										
Rates	Employee Emp/Spouse Emp/Child Family		Single Two-Party Family		Employee Emp/Spouse Emp/Child Family		Single Two-Party Family		Employee Emp/Spouse Emp/Child Family	
Other Products to Consider: with any carrier	Vision		Life		AD&D		LTD, STD		Cancer, Critical Illness	

*EXAMPLE ONLY