

**EMPIRE ESSENTIAL CHOICE BENEFIT OPTIONS  
 USING THE COMPLETE NETWORK  
 EFFECTIVE JULY 1, 2018**

	<b>Low Plan</b>	<b>Middle Plan</b>	<b>High Plan</b>
<b>Eligibility</b>	Employee, employee's spouse or domestic partner, and eligible dependent children to the end of the month that dependent turns age 26		
<b>Deductibles waived for diagnostic and preventive</b>	\$50 per person \$150 per family each plan year	\$50 per person \$150 per family each plan year	\$50 per person \$150 per family each plan year
<b>Maximum plan year coverage per person</b>	Network Dentist – \$1,000 Non-Network Dentist – \$750	Network Dentist – \$1,500 Non PPO Dentist – \$1,000	Network Dentist – \$2,000 Non PPO Dentist – \$1,500

<b>Benefits and Covered Services</b>	<b>Low Plan</b>		<b>Middle Plan</b>		<b>High Plan</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-Network</b>
<b>Diagnostic and Preventive</b> – exams – cleanings – x-rays – sealants	100%	80%	100%	100%	100%	100%
<b>Basic Services</b> – fillings	80%	60%	80%	80%	90%	80%
<b>Endodontics</b> – root canals	80%	60%	80%	80%	90%	80%
<b>Periodontic</b> – gum treatments	80%	60%	80%	80%	90%	80%
<b>Oral Surgery</b>	80%	60%	80%	80%	90%	80%
<b>Major Services</b> –crowns –inlays –onlays –cast restorations	N/A	N/A	50%	50%	60%	50%
<b>Prostodontics</b> – bridges – dentures	N/A	N/A	50%	50%	60%	50%
<b>Implants</b>	N/A	N/A	50%	50%	50%	50%
<b>Orthodontic Benefits</b> – children to age 20	N/A	N/A	50%	50%	50%	50%
<b>Orthodontic Lifetime Maximums</b>	N/A	N/A	\$750	\$750	\$1,500	\$1,500

*This comparison is not the benefit summary a Summary Plan Description; any benefit plan questions should reference documents found on the RK Xchange.*