

2024 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
Delta Dental Premiums Per Month	<ul style="list-style-type: none"> • Employee Only: \$30.94 • Employee + Spouse: \$57.52 	<ul style="list-style-type: none"> • Employee + Child(ren): \$70.07 • Employee + Spouse + Child(ren): \$108.62
	<ul style="list-style-type: none"> • Employee Only: \$28.54 • Employee + Spouse: \$53 	<ul style="list-style-type: none"> • Employee + Child(ren): \$56.13 • 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	<ul style="list-style-type: none"> • Employee Only: \$9.03 • Employee + Spouse: \$18.06
	<ul style="list-style-type: none"> • Employee + Child(ren): \$19.33 • Employee + Spouse + Child(ren): \$30.89
VSP Vision In-Network Benefits Shown	<ul style="list-style-type: none"> • 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