

Dental Plan and Premiums

To help keep your pearly whites healthy, Cox offers two Aetna PPO/PDN dental network options. Visit CoxEnterprises.com/benefits for more information on your dental benefits. No login required. The **SCHEDULE** (BASIC) PLAN pays the cost of eligible expenses based on the set fee schedule found in the Healthcare Summary Plan Description. If your dentist charges more than the plan schedule allows, you pay the difference. The plan is designed to cover your basic dental needs. The **COMPREHENSIVE PLAN** pays a percentage of most recognized charges after you meet your deductible.

PLAN FEATURE	SCHEDULE (BASIC)	COMPREHENSIVE
Annual deductible (same for both plans)	\$50 per person \$150 per family	\$50 per person \$150 per family
PLAN MAXIMUM	THE PLAN PAYS	THE PLAN PAYS
Annual maximum benefit	\$1,000 per person	\$1,500 per person
Orthodontia lifetime maximum	\$1,500 per person	\$1,500 per person
COVERED SERVICES	THE PLAN PAYS	THE PLAN PAYS
Preventive and diagnostic care	Fixed fee, no deductible	100% of R&C¹, no deductible
General and restorative care	Fixed fee, after deductible	80% of R&C¹, after deductible
Prosthodontic care	Fixed fee, after deductible	60% of R&C¹, after deductible
Orthodontic services	50% of R&C ¹ , no deductible	50% of R&C¹, no deductible

Please note: In most cases, oral surgery (e.g., removal of impacted wisdom teeth) is considered a form of medical surgery and is covered under the Cox Medical Plan, not the dental plan.

1 Based on R&C (Reasonable & Customary) charges.

This is intended as an overview. The company reserves the right to change or modify any or all costs shown without prior notice.



Dental Biweekly Premiums

	SCHEDULE (BASIC)	COMPREHENSIVE
EMPLOYEE ONLY	\$0.50	\$15.94
EMPLOYEE + SPOUSE/DP	\$1.00	\$21.60
EMPLOYEE + CHILD(REN)	\$1.00	\$21.60
EMPLOYEE + FAMILY	\$2.00	\$26.48