

**JensenIT**  
Effective Date: 12/1/25



Premium Overview of Quoted Benefits											
	Current/ Principal	Renewal/ Principal	Revised Renewal/ Principal	Principal - Vision 12/12/12 - \$130	Principal - Vision - 12/12/12 - \$150	Principal - Vision - 12/12/12 - \$200	Ameritas		Ameritas Dental with Vision, Principal Vision 12/12/12 - \$130	Ameritas Dental with Vision, Principal Vision 12/12/12 - \$150	Ameritas Dental with Vision, Principal Vision 12/12/12 - \$200
2- 9 Admin Fee Waivable	N/A	N/A	N/A	N/A	N/A	N/A	15.00 Yes		15.00 Yes	15.00 Yes	15.00 Yes
Dental	394.03	420.83	413.72	413.72	413.72	413.72	342.70		342.70	342.70	342.70
Vision	42.60	42.60	42.60	47.40	48.27	53.61	50.12		47.40	48.27	53.61
<b>TOTAL</b> <b>Current Carrier:</b>	<b>436.63</b>	<b>463.43</b>	<b>456.32</b>	<b>461.12</b>	<b>461.99</b>	<b>467.33</b>	<b>392.82</b>		<b>390.10</b>	<b>390.97</b>	<b>396.31</b>

Principal Financial

Principal Financial dental renewal is taking a 6.8% increase in cost. Vision is a continue for 1 year. Principal revised the dental renewal to 5%.

**Benefit Hi-Lites by Carrier**

Ameritas

Ameritas dental is offering endo/perio in basic services. \$1,500 ortho maximum. Preventive Plus is included. \$150 in vision reimbursement benefits included. 2 year rate guarantee.

**Presented By: Elite Benefits of America**

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Dental Coverage-Employer Paid

Carrier AM Best Rating	Principal Financial A+	Current	Renewal	Revised Renewal	W/ \$150 in EyeCare
					Ameritas A
Network	Principal PPO	Principal PPO	Principal PPO	Ameritas/ Principal's Network	
Calendar Year Deductible Family Maximum	50 150	50 150	50 150	50 150	
Deductible Waived for Preventive	Yes	Yes	Yes	Yes	
Preventive	100%	100%	100%	100%	
Basic	80%	80%	80%	80%	
Major	50%	50%	50%	50%	
Ortho	N/A	N/A	N/A	50%	
Percentage of Usual & Customary	90%	90%	90%	90%	
Annual Max Benefit Per Member	2,000	2,000	2,000	2,000	
Orthodontia Lifetime Maximum	N/A	N/A	N/A	1,500	
Orthodontia Age Limit	N/A	N/A	N/A	Age 19	
Cleaning Frequency	2 in 12 mo	2 in 12 mo	2 in 12 mo	3 in 12 mo	
Panoramic X-Rays	Preventive	Preventive	Preventive	Preventive	
Perio Maintenance	Basic	Basic	Basic	Basic	
Endodontics	Major	Major	Major	Basic	
Periodontics	Major	Major	Major	Basic	
Simple Extractions	Basic	Basic	Basic	Basic	
Complex Oral Surgery	Major	Major	Major	Major	
Implants	Major	Major	Major	Major	
Annual Enrollment	Included	Included	Included	Included	
Waiting Periods/Timely Enrollment	None	None	None	None	
Rollover Benefits	Included	Included	Included	Included	
Rate Guarantee	12/1/2025	1 year	1 year	2 years	
Monthly Rates	Principal Financial	Principal Financial	Principal Financial	Ameritas	
Employee Only	1	59.26	63.29	62.22	52.60
Employee + Spouse	1	123.07	131.44	129.22	105.11
Employee + Child(ren)	0	138.40	147.81	145.32	132.48
Employee + Family	1	211.70	226.10	222.28	184.99
Total Employees	3				
Monthly Premiums		394.03	420.83	413.72	342.70

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Vision - Employer Paid

Carrier AM Best Rating	Principal Financial A+	Principal Financial A+	Principal Financial A+	Principal Financial A+	Principal Financial A+	Ameritas A
Network	VSP Choice	VSP Choice	VSP Choice	VSP Choice	VSP Choice	VSP Choice
<b>Vision Frequency (In &amp; Out of Network)</b>						
Exam Lenses Frames	Every 12 mo Every 12 mo Every 24 mo	Every 12 mo Every 12 mo Every 24 mo	Every 12 mo Every 12 mo <b>Every 12 mo</b>	Every 12 mo Every 12 mo <b>Every 12 mo</b>	Every 12 mo Every 12 mo <b>Every 12 mo</b>	Every 12 mo Every 12 mo Every 24 mo
Contact lenses In Lieu of:	lenses/frames	lenses/frames	lenses/frames	lenses/frames	lenses/frames	lenses/frames
<b>IN-NETWORK BENEFITS</b>						
Exam Copay	\$10	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$25	\$25	\$25	\$25	\$25	\$25
Standard Plastic/ Bifocal/ Trifocal Lenses	\$25/\$25/\$25	\$25/\$25/\$25	\$25/\$25/\$25	\$25/\$25/\$25	\$25/\$25/\$25	\$25/\$25/\$25
<b>Allowances</b>						
Retail Frames	\$130 + 20% off balance	\$130 + 20% off balance	\$130 + 20% off balance	<b>\$150 + 20% off balance</b>	<b>\$200 + 20% off balance</b>	\$130 + 20% off balance
Elective Contacts	\$130 allowance	\$130 allowance	\$130 allowance	<b>\$150 allowance</b>	<b>\$200 allowance</b>	\$130 allowance
<b>OUT-OF-NETWORK REIMBURSEMENT</b>						
Exam Materials	up to \$45	up to \$45	up to \$45	up to \$45	up to \$45	up to \$45
Standard Plastic/ Bifocal/ Trifocal Lenses up to:	\$30/\$50/\$65	\$30/\$50/\$65	\$30/\$50/\$65	\$30/\$50/\$65	\$30/\$50/\$65	\$30/\$50/\$65
Retail Frames	up to \$70	up to \$70	up to \$70	up to \$70	up to \$70	up to \$70
Contacts	up to \$105	up to \$105	up to \$105	up to \$105	up to \$105	up to \$105
Rate Guarantee	12/1/2025	1 year	1 year	1 year	1 year	4 years
<b>Monthly Rates</b>	<b>Current</b>	<b>Renewal</b>	<b>Alternate</b>	<b>Alternate</b>	<b>Alternate</b>	<b>Ameritas</b>
Employee Only	1	5.70	5.70	6.34	6.46	7.17
Employee + Spouse	1	13.47	13.47	14.99	15.26	16.95
Employee + Child(ren)	0	14.00	14.00	15.58	15.86	17.62
Employee + Family	1	23.43	23.43	26.07	26.55	29.49
Total Employees	3					
<b>Monthly Premium</b>	<b>42.60</b>	<b>42.60</b>	<b>47.40</b>	<b>48.27</b>	<b>53.61</b>	<b>50.12</b>