

**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> Current Carrier:	<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

		Current	Renewal	Revised Renewal	W/ \$150 in EyeCare
Carrier		Principal Financial A+	Principal Financial A+	Principal Financial A+	Ameritas
AM Best Rating		A+	A+	A+	A
Network		Principal PPO	Principal PPO	Principal PPO	Ameritas/ Principal's Network
Calendar Year Deductible		50	50	50	50
Family Maximum		150	150	150	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**

	Current	Renewal	Alternate	Alternate	Alternate	
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
Vision Frequency (In & Out of Network)						
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
Allowances						
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	up to \$45	up to \$45	up to \$45	up to \$45	up to \$45	up to \$45
Materials						
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	8.24
Employee + Spouse 1	13.47	13.47	14.99	15.26	16.95	17.84
Employee + Child(ren) 0	14.00	14.00	15.58	15.86	17.62	14.44
Employee + Family 1	23.43	23.43	26.07	26.55	29.49	24.04
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>