

ADVANCED INSURANCE AGENCY

SCINTILLA SOFT DENTAL RATES EFFECTIVE DATE:06/01/2018	
Insurance Carrier	PRINCIPAL
Plan Codes	Voluntary dental
Network	PPO network
Benefit Overview	
	\$50/\$50
Deductible: SingleIn/Out Family In/Out	\$150/\$150
Coinsurance:	
Preventive&Diagnostic	100%/100%
Minor Restorative(I/O)	80%/80%
Endodontic/Periodic/ Oral Surgery(I/O)	50%/50%
Major (I/O)	50%/50%
Waiting Period	
Major	None
Annual Maximum(I/O)	\$1,000.00
Rates	
Employee Only	\$24.95
Employee + Spouse	\$59.95
Employee + Child	\$71.58
Employee + Family	\$112.17