**Key Benefits for your Plan:<BusinessPackageId>**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **AvMed Network Provider** | **Out-of-network Provider** |
| **<Name>** | <INN> | <ONN> |

**Census**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Employee Number** | **Date of Birth** | **# of Dependents** | **Family Rate** |
| **<EmployeeName>** | <EmployeeNumber> | <BirthDate> | <NumberOfDependents> | <FamilyRate> |

Rating Method : Member Level Rating

|  |
| --- |
| **Monthly Premium Rate : <MonthlyPremium>** |

Pediatric dental coverage is a required Essential Health Benefit under the Affordable Care Act. AvMed has entered into an alliance with Delta Dental Insurance Company to provide the required coverage under the Delta Dental PPOSM Pediatric Basic Plan. Pediatric dental benefits are included in your monthly premium and cannot be waived or omitted from your policy.

For specific plan details, please refer to the Summary of Benefits and Coverage (SBC) of each plan design at www.avmed.org. For questions, please contact your independent agent or AvMed at 1-800-835-6131.