

# Key Benefits RFP



Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## DENTAL

Voluntary     Non-Contributory     Contributory %:

Calendar Year Max:     \$1,000    \$1,500    Other:  
 Orthodontia Coverage:    Yes     No    Both  
 Deductible:     \$50 Annual    \$100 Lifetime    Other:  
 Coinsurance %:     100/80/50    100/90/60    Other:  
 Out of Network Reimbursement:  % of U&C: 90 90    Maximum Allowable Charge (MAC):  
 Endodontics:    Basic (Type II)    Major (Type III)     Periodontics:    Basic (Type II)    Major (Type III)

Assumptions: Includes annual enrollment period.

## VISION

Voluntary     Non-Contributory     Contributory %:

Co-Pays:    \$10/\$10     \$10/\$25    \$20/\$20    Other:  
 Frame Allowance:    \$110    \$130     \$150    Other:  
 Frames Frequency:    12 months     24 months    Other:

## LIFE

Voluntary     Non-Contributory     Contributory %:

Benefit:  \$25,000    \$50,000    \$100,000    1x Salary    2x Salary    3x Salary    Other:  
 Dependent Life:

## SHORT-TERM DISABILITY

Voluntary     Non-Contributory     Contributory %:

Weekly Benefit:     60%    66.67%    Other:  
 Weekly Benefit Maximum:     \$500    \$750    \$1000    Other:  
 Elimination Period (Accident/Sickness):     0/7    14/14    Other:  
 Maximum Benefit Period:     13 weeks    26 weeks    Other:  
 Gross Up Option:

## LONG-TERM DISABILITY

Voluntary     Non-Contributory     Contributory %:

Monthly Benefit:     60%    66.67%    Other:  
 Monthly Benefit Maximum:     \$5000    \$10,000    Other:  
 Elimination Period:     90 days    180 days    Other:  
 Maximum Benefit Period:     SSNRA or RBD    5 years or Age 70    Other:  
 Own Occupation Period:     24 months    Other:  
 Gross Up Option