Delta Dental/ VSP (D-V) Vision WAIVING HEALTH COVERAGE

Participation in one of the employee benefit plans is required. The Dental Vision Plan (D-V) was designed as an alternative option for employees with other adequate health insurance coverage. This option is an employer-paid benefit for employee only coverage. Employees may add dependent coverage at their cost through payroll biweekly deductions.

DV Plan (Only available to employees who waive health coverage)

| Delta Dental | www.DeltaDental.com | | |
|------------------------|--|--|--|
| Deductible | \$50 per person, not to exceed \$150 per family, per calendar year — applies to Basic and Major Services | | |
| Maximum Benefits | \$1,000/calendar year | | |
| Preventive Services | 100% | | |
| Basic Services | 80% in network / 50% out of network | | |
| Major Services | 50% in network / 50% out of network | | |
| Orthodontics | Child only, \$1,000 maximum | | |

| vsp | www.vsp.com | | |
|----------------------------------|--|--|--|
| Well Vision Exam | \$10 co-payment every 12 months | | |
| Prescription Glasses | \$10 co-payment for lenses single vision, lined bifocal and lined trifocal every 12 months | | |
| Frames | \$150 allowance for a wide selection of frames or 20% off the amount over your allowance | | |
| Contacts (instead of glasses) | Every 12 months, up to \$60 co-payment for your contact lens exam (fitting and evaluation) and \$120 allowance for contact lens material | | |
| Laser Vision Correction | | | |

| Health Waiver (Delta Dental & VSP Vision Plan) | | | | | | |
|--|---------------------------------------|-------------------|-----------------------|-------------------|--|--|
| Monthly Rates | EE Only (College-Paid) \$111.00 | Spouse \$29.59 | Child(ren) \$30.32 | Family \$65.71 | | |
| 26 Biweekly Deductions | \$51.23 | \$13.66 | \$13.99 | \$30.33 | | |
| 19 Biweekly Deductions | \$70.11 | \$18.69 | \$19.15 | \$41.50 | | |

Eligibility for Enrollment

- · Legal Spouse
- · A natural, newborn, adopted, foster or step child (or a child for whom the covered plan participant has been court-appointed as legal guardian or legal custodian).
- · A covered plan participant's disabled child.
- · Newborn of a covered dependent child who has not reached the end of the year in which he or she becomes 26. Eligibility terminates 18 months after the birth of the newborn.

Documentation Requirements listed on page 12.