



Voluntary Dental and Vision Insurance

for employees of

People Lease

Group # 14327 Effective: September 1, 2009

-CHOOSE ANY DENTIST-

-ADD VISION-

BENEFIT STRUCTURE	EDGE PLUS PLAN A		
Benefits Based on Usual & Customary	1st Year	2nd Year	Thereafter
Type I - Preventive/Diagnostic <i>Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams</i> Benefit Year Deductible Company Pays	-0- 100%	-0- 100%	-0- 100%
Type II - Basic Restorative <i>Simple Extractions, Fillings, Simple Oral Surgery, Root Canals</i> Benefit Year Deductible Company Pays	\$50 80%	\$50 80%	\$50 80%
Type III - Major Restorative <i>Removal of Impacted Teeth, Bridges, Crowns, Dentures, Partial</i> Benefit Year Deductible Company Pays	Not Covered	\$50 50%	\$50 50%
Maximum Benefit Year Type I, II, and III	\$750	\$1000	\$1500
Type IV - Orthodontia (ages 6-18) Lifetime Deductible Company Pays <u>Lifetime Benefits</u>	Not Covered		\$50 50% \$1,000

INSURED VISION PLAN A
\$10 Co-Pay on Examinations (every 12 months)
\$50 Co-Pay on Materials (every 24 months)
Participating Doctors VSP will pay the cost of a comprehensive eye exam and prescribed materials purchased (one set of frames, lenses, or contacts) up to the plan allowance, less any co-pay.
Laser Vision Surgery Members receive an average of 15% discount off laser surgery.
Non-Participating Doctors VSP will pay the cost of an eye examination and prescribed materials purchased (one set of frames, lenses, or contacts) based upon a schedule of benefits.

MONTHLY RATES	EDGE PLUS PLAN A	INSURED VISION PLAN A
Employee Only	\$ 37.10	\$ 6.90
Employee & One Dependent	72.50	9.95
<u>Employee & Family</u>	106.50	17.90

For further information contact our office at **(601) 987-3025**

Benefits stated above are subject to the terms of the applicable master policy. Should they differ, benefits and terms stated in the master policy will prevail the Master Policy will prevail.

Underwritten By: BROKERS NATIONAL LIFE ASSURANCE COMPANY