



**Dynamichr**  
Total Human Resource Administration

**Dynamichr PEO Dental & Vision Plan Options 2023**

Dental Plan	Delta Dental PPO
	PPO Network
Deductible: Single	\$0
Deductible: Family	\$0
Annual Maximum Per Member Per Year	\$1,200
<b>Diagnostic &amp; Preventive Services</b>	
Exams, Cleanings, Fluoride & Space Maintainers	100%
Emergency Palliative Treatment - Pain Relief	100%
Brush Biopsy - Oral Cancer Test	100%
Sealants	100%
X-Rays	100%
<b>Basic Services</b>	
Periodontic Services - Gum Disease	80%
Endodontic Services - Root Canals	80%
Repairs - Bridge Implants & Dentures	80%
Oral Surgery - Extractions & Dental Surgery	80%
Minor Restorative Fillings	80%
<b>Major Services</b>	
Crowns	50%
Prosthetic Services - Bridges, Implants, Dentures	50%
	Per Month
Single	\$35.00
Two Person	\$65.00
Family	\$120.00

Vision Plan	EyeMed Vision
	Access Network
Office Co-Pay Plus Provider Network	No Co-Pay
Exams	Once Every 12 Months
Annual Maximum Per Member Per Year	Allowances & Co-Pay Based
<b>Contact Lenses</b>	
Conventional	\$115 Allowance
Disposable	\$115 Allowance
Medically Necessary	Paid in Full
Standard Contact Lens Fit & Followup	\$55 Allowance
Premium Contact Lens Fit & Followup	10% off Retail Cost
<b>Frames</b>	
Frames-Plus Provider Network	\$150 Allowance, 20% discount after
<b>Lenses</b>	
Single Vision	\$10 Co-Pay
Bifocal	\$10 Co-Pay
Trifocal	\$10 Co-Pay
Standard Progressive Lens	\$75 Allowance
UV Treatment	\$15 Co-Pay
Tint	\$15 Co-Pay
	Per Month
Single	\$9.00
Two Person	\$20.00
Family	\$23.00