

fulfilling life



Dental Plan Design Summary3
Covered Procedure Summary4
Dental Features/Benefits5
Eye Care Plan Design Summary6
Eye Care Features/Benefits6
Assumptions/Requirements8
Limitations/Exclusions 10

Based on the information provided to us, we've prepared this proposal to meet the needs of NEW YORK STATE FRATERNAL ORDER OF POLICE and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

New York Fraternal Order of Police

Plan Design Summary



Dental Summary

Proposed Effective Date: 6/1/2026

		Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
Plan Benefit	Type 1	100%	100%	100%	100%
	Type 2	50%	50%	90%	90%
	Type 3	50%	50%	60%	60%
Deductible		\$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family	\$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family	\$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family	\$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family
Maximum (per person)		\$1,000/Calendar Year	\$1,000/Calendar Year	\$1,500/Calendar Year	\$1,500/Calendar Year
PPO		Passive PPO	Passive PPO	Passive PPO	Passive PPO
Allowance	Type 1	90th U&C	90th U&C	90th U&C	90th U&C
	Type 2	90th U&C	90th U&C	90th U&C	90th U&C
	Type 3	90th U&C	90th U&C	90th U&C	90th U&C
Waiting Period		None	None	None	None
Annual Open Enrollment		Included	Included	Included	Included

Monthly Rates

Fraternal Member	\$53.96	\$46.36	\$75.36	\$65.20
Fraternal Member & Spouse	\$110.32	\$94.76	\$153.52	\$132.80
Fraternal Member & Child(ren)	\$127.12	\$108.48	\$172.76	\$148.20
Fraternal Member & Family	\$183.52	\$156.88	\$250.96	\$215.80

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase \$.20 per fraternal member. Premiums are calculated considering a health insurer fee required under the Affordable Care Act (ACA). Plan designs and rates are subject to change in accordance with the ACA.

Employee Participation Requirements

Eligible Employees: 32

	Voluntary	Voluntary	Voluntary	Voluntary
--	-----------	-----------	-----------	-----------

	Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
Plan Design Summary	100/50/50 \$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family \$1,000	100/50/50 \$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family \$1,000	100/90/60 \$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family \$1,500	100/90/60 \$25/Calendar Year Applies to Type 1, 2 & 3 \$75/family \$1,500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> Fillings for Cavities Restorative Composites Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Fillings for Cavities Restorative Composites Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Fillings for Cavities Restorative Composites Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Fillings for Cavities Restorative Composites Denture Repair Simple Extractions
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

Current Dental Terminology © American Dental Association.

New York Fraternal Order of Police

Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 6/1/2026

Plan 1: Vision Perfect®	
Annual Eye Exam	Up to \$55
Lenses (per pair)	
Single Vision	Up to \$60
Bifocal	Up to \$80
Trifocal	Up to \$95
Lenticular	Up to \$100
Progressive	Up to \$100
Frame Allowance	\$60
Frequencies	
Exam/Lens/Frames	12/12/12 Based on date of service

Deductible, Maximum

Deductibles	\$10 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum per benefit period	None

*Deductible applies to the first service received

Contact Lenses

Fit & Follow Up Exams	Taken from Elective Contact Lens Allowance
Contacts	
Elective	Up to \$120
Medically Necessary	Up to \$120

Monthly Rates

Fraternal Member	\$4.48
Fraternal Member & Spouse	\$8.72
Fraternal Member & Child(ren)	\$7.72
Fraternal Member & Family	\$11.96

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. A \$15.00 monthly administrative fee may apply to groups with 15 or less enrolled employees and no online or paperless bill.

Employee Participation Requirements

Eligible Employees: 32

	Non-Contributory
--	------------------