



Voluntary Dental and Vision Insurance  
for employees of  
**First Financial Employee Leasing**

Group # 12144  
Effective: October 1, 2009

**- CHOOSE ANY DENTIST -**

BENEFIT STRUCTURE	EDGE PLUS PLAN A			EDGE PLUS PLAN B			BASIC PLUS
Benefits based on Usual & Customary	1st Year	2nd Year	Thereafter	1st Year	2nd Year	Thereafter	1st Benefit Year and Thereafter
<b>Type I - Preventive/Diagnostic</b> <i>Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams</i>							
<b>Benefit Year Deductible</b> Company Pays	-0- 100%	-0- 100%	-0- 100%	-0- 100%	-0- 100%	-0- 100%	\$25 80%
<b>Type II - Basic Restorative</b> <i>Simple Extractions, Fillings, Simple Oral Surgery, Root Canals</i>							
<b>Benefit Year Deductible</b> Company Pays	\$50 80%	\$50 80%	\$50 80%	\$50 60%	\$50 60%	\$50 60%	\$50 70%
<b>Type III - Major Restorative</b> <i>Removal of Impacted Teeth, Bridges, Crowns, Dentures, Partial, Implants*</i>							
<b>Benefit Year Deductible</b> Company Pays	Not Covered	\$50 50%	\$50 50%	Not Covered	\$50 40%	\$50 40%	Not Covered
<b>Maximum Benefit Year</b> Type I, II, and III	\$750	\$1000	\$1500	\$500	\$750	\$1000	\$750
<b>Type IV - Orthodontia (ages 6-18)</b> Lifetime Deductible Company Pays Lifetime Benefits	Not Covered		\$50 50% \$1,000	Not Covered			Not Covered

\*Eligible charges for Implants reimbursed same as crowns (alternate benefit).

MONTHLY RATES
Employee Only
Employee & One Dependent
Employee & Family

EDGE PLUS PLAN A
\$34.80
67.40
99.20

EDGE PLUS PLAN B
\$ 22.90
45.10
75.10

BASIC PLUS
\$16.50
33.40
61.80

For further information contact FFEL Benefit Department at (941) 625-7141 or 1-800-624-1805  
*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. Any change to this flyer is prohibited.*

Dental underwritten by: **BROKERS NATIONAL LIFE ASSURANCE COMPANY**