



NILES GRAND LLC

Employee Dental and Vision Benefits - Effective January 1, 2026

Dental		
Carrier	BCBS	
Plan Type/Number	DINLR58	DINHM40
Deductible Ind. (In/Out)	\$50	\$50
Deductible Fam. (In/Out)	\$150	\$150
Preventative Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
OON Reimbursement	90th R&C	90th R&C
Annual Max	\$1,000	\$1500 in-network
Orthodontia (adult & child)	\$1000 @ 50%	none
Per Pay Deduction	DINLR58	DINHR40
Single	\$19.62	\$14.35
Single + Spouse	\$39.24	\$28.73
Single + Child(ren)	\$49.02	\$34.44
Family	\$75.38	\$53.41

Vision	
Carrier	BCBS
Plan Type/Number	PLAN 8
Contact lense exam	up to \$40/ N/A
Frames Allowance (in/Out)	\$130
Single In network	\$25
Bifocal In network	\$25
Trifocal In network	\$25
Exam	Every 12 months
Frame	Every 12 months
Lenses or Contacts	Every 12 months

Per Pay Deduction	BCBS PLAN 8
Single	\$3.51
Single + Spouse	\$6.66
Single + Child(ren)	\$7.02
Family	\$10.32