

## COMPARISON OF BENEFITS FOR DENTAL PLANS

| Allowable fees apply for all benefits                                  | Cigna Dental Care Plan (Prepaid)  | Delta Dental PPO Network and Non-Network            | Delta Dental PPO – Choice   |
|--|---|---|---|
| <b>Annual Deductible</b>   | No deductible<br>\$5 office copay applies   | \$25 per person<br>Basic and Major Care combined    | \$100 per person<br>Major Care only (Level 4)   |
| <b>Diagnostic and Preventive Care</b><br>Cleanings, routine oral exams | Sealant per tooth: \$17 copay<br><br>No charge for:<br>Routine cleaning (limit two per calendar year)<br>Topical fluoride application (up to age 18)<br>Periodic oral evaluations | Plan pays 100% of allowable amounts                 | Schedule of covered services and copays<br>Topical fluoride covered for children only<br>Copay examples:<br>Routine cleaning \$5<br>Periodic oral evaluation \$5<br>Topical fluoride application (up to age 19) \$5 |
| <b>Basic Care</b><br>Extractions, oral surgery                         | Amalgam (one surface, permanent teeth): \$23 copay  | Plan pays 85% of allowable amounts after deductible | Schedule of covered services and copays<br>Copay example:<br>Amalgam – one surface, primary or permanent tooth \$12   |
| <b>Major Care</b><br>Dentures, bridge work                             | Root canal (anterior): \$375 copay<br>Periodontal scaling/root planing 1-3 teeth (per quadrant): \$75 copay   | Plan pays 60% of allowable amounts after deductible | Schedule of covered services and copays<br>Copay examples:<br>Crown – porcelain/ceramic substrate \$241<br>Complete denture – maxillary \$320   |

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan. Refer to Contact Information at the back of this guide.

## COMPARISON OF BENEFITS FOR DENTAL PLANS

| Allowable fees apply for all benefits                                  | HealthChoice Dental  | MetLife High Classic MAC   | MetLife Low Classic MAC   | Sun Life Preferred Active PPO  |
|--|--|--|---|--|
| <b>Annual Deductible</b>   | Network: \$25 individual/\$75 family<br>Basic and Major services combined<br>Non-network: \$25 individual/\$75 family<br>Preventive, Basic and Major services combined | Network and Non-Network:<br>\$25 individual/\$75 family<br>Basic and Major Care combined                           | Network and Non-Network:<br>\$50 individual/\$150 family<br>Basic and Major Care combined                                 | \$25 per person, waived for Network preventive services  |
| <b>Diagnostic and Preventive Care</b><br>Cleanings, routine oral exams | You pay<br>Network: \$0<br>Non-network: Amounts above allowable fees after deductible  | You pay<br>Network: \$0<br>Non-network: <b>Amounts above maximum allowed charge</b>                                | You pay<br>Network: \$0<br>Non-network: <b>Amounts above maximum allowed charge</b>                                       | Network: Plan pays 100% of allowable amounts<br>Non-network: Plan pays 100% of usual and customary after deductible                |
| <b>Basic Care</b><br>Extractions, oral surgery                         | You pay<br>Network: 15%<br>Non-network: 30% plus amounts above allowable fees<br>Deductible applies  | You pay<br>Network: 15%<br>Non-network: 15% <b>plus amounts above maximum allowed charge</b><br>Deductible applies | You pay<br>Network: <b>30%</b><br>Non-network: 30% <b>plus amounts above maximum allowed charge</b><br>Deductible applies | Network: Plan pays 85% of allowable amounts after deductible<br>Non-network: Plan pays 70% of usual and customary after deductible |
| <b>Major Care</b><br>Dentures, bridge work                             | You pay<br>Network: 40%<br>Non-network: 50% plus amounts above allowable fees<br>Deductible applies  | You pay<br>Network: 40%<br>Non-network: 40% <b>plus amounts above maximum allowed charge</b><br>Deductible applies | You pay<br>Network: <b>50%</b><br>Non-network: 50% <b>plus amounts above maximum allowed charge</b><br>Deductible applies | Network: Plan pays 60% of allowable amounts after deductible<br>Non-network: Plan pays 50% of usual and customary after deductible |

Plan changes are indicated by **bold text**.

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## COMPARISON OF BENEFITS FOR DENTAL PLANS

| Allowable fees apply for all benefits | <b>Cigna Dental Care Plan (Prepaid)</b>   | <b>Delta Dental PPO Network and Non-Network</b>   | <b>Delta Dental PPO – Choice</b>   |
|---------------------------------------|---|---|--|
| <b>Orthodontic Care</b>               | \$2,472 out-of-pocket child<br>\$3,384 out-of-pocket adult<br>(24-month treatment)<br><br>Excludes orthodontic treatment plan and banding | Plan pays 60% of allowable amounts, up to \$2,000 lifetime maximum per person<br><br>Orthodontic benefits are available to eligible employee, spouse and dependent children | You pay charges in excess of \$50 per month<br>Lifetime maximum up to \$1,800 per person<br><br>Orthodontic benefits are available to eligible employee, spouse and dependent children |
| <b>Plan Year Maximum</b>              | No plan year maximum  | \$2,500 per person for Diagnostic, Preventive, Basic and Major Care   | \$2,000 per person for Diagnostic, Preventive, Basic and Major Care  |
| <b>Filing Claims</b>                  | No claims to file   | Network: No claims to file<br>Non-network: You file claims  | Network: No claims to file<br>Non-network: You file claims   |

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## COMPARISON OF BENEFITS FOR DENTAL PLANS

| Allowable fees apply for all benefits | <b>HealthChoice Dental</b>   | <b>MetLife High Classic MAC</b>  | <b>MetLife Low Classic MAC</b>  | <b>Sun Life Preferred Active PPO</b>   |
|---------------------------------------|--|--|---|--|
| <b>Orthodontic Care</b>               | You pay<br>Network: 50%<br>Non-network: 50% plus amounts above allowable fees<br>12-month waiting period applies<br>No lifetime maximum<br>Covered for members under age 19 and members ages 19 and older with TMD | You pay<br>Network: 40%<br>Non-network: 40% plus amounts above maximum allowed charge<br><br>\$2,000 lifetime maximum per person | You pay<br>Network: <b>50%</b><br>Non-network: 50% plus amounts above maximum allowed charge<br><br>\$2,000 lifetime maximum per person | Network: Plan pays 60%<br>Non-network: Plan pays 50% up to lifetime maximum of \$2,000 for dependents under age 19 |
| <b>Plan Year Maximum</b>              | Network and Non-network: \$2,500 per person  | Network and Non-network: \$5,000 per person  | Network and Non-network: <b>\$1,500</b> per person  | \$2,000 per person   |
| <b>Filing Claims</b>                  | Network: No claims to file<br>Non-network: You file claims   | Claims are filed by Network and Non-network dentists   | Claims are filed by Network and Non-network dentists  | Member/provider must file claims   |

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