

COMPARISON OF BENEFITS FOR DENTAL PLANS

Allowable amounts apply for all benefits	Cigna Dental Care Plan (Prepaid)	Delta Dental PPO Network and Non-Network	Delta Dental PPO – Choice
Annual Deductible	No deductible \$5 office copay applies	\$25 per person Basic and major care combined	\$100 per person Major care only (Level 4)
Diagnostic and Preventive Care (Cleanings, routine oral exams)	Sealant per tooth: \$17 copay No charge for: Routine cleaning (limit two per calendar year) Topical fluoride application (up to age 18) Periodic oral evaluations	Plan pays 100% of allowable amounts	Schedule of covered services and copays Topical fluoride covered for children only Copay examples: Routine cleaning \$5 Periodic oral evaluation \$5 Topical fluoride application (up to age 19) \$5
Basic Care (Extractions, oral surgery)	Amalgam (one surface, permanent teeth): \$23 copay	Plan pays 85% of allowable amounts after deductible	Schedule of covered services and copays Copay example: Amalgam – one surface, primary or permanent tooth \$12

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.

Allowable amounts apply for all benefits	HealthChoice Dental	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
Annual Deductible	Network: \$25 individual \$75 family Basic and major services combined Non-network: \$25 individual \$75 family Preventive, basic and major services combined Separate network and non-network deductibles A family is 3 or more covered individuals.	Network and non-network: \$25 individual/\$75 family Basic and major care combined	Network and non-network: \$50 individual/\$150 family Basic and major care combined	\$25 per person, waived for network preventive services
Diagnostic and Preventive Care (Cleanings, routine oral exams)	Network: You pay \$0 Non-network: You pay \$0 after deductible plus charges above the allowable amounts	You pay Network: \$0 Non-network: Amounts above maximum allowed charge	You pay Network: \$0 Non-network: Amounts above maximum allowed charge	Network: Plan pays 100% of allowable amounts Non-network: Plan pays 100% of usual and customary after deductible
Basic Care (Extractions, oral surgery)	Network: You pay 15% after deductible Non-network: You pay 30% after deductible plus charges above the allowable amounts	You pay Network: 15% Non-network: 15% plus amounts above maximum allowed charge Deductible applies	You pay Network: 30% Non-network: 30% plus amounts above maximum allowed charge Deductible applies	Network: Plan pays 85% of allowable amounts after deductible Non-network: Plan pays 70% of usual and customary after deductible

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2020 Option Period

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2020 Option Period

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Allowable amounts apply for all benefits	Cigna Dental Care Plan (Prepaid)	Delta Dental PPO Network and Non-Network	Delta Dental PPO – Choice
Major Care (Dentures, bridge work)	Root canal (anterior): \$375 copay 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 Copay examples: Crown – porcelain/ceramic substrate \$241 Complete denture – maxillary \$320
Orthodontic Care	\$2,472 out-of-pocket child \$3,384 out-of-pocket adult (24-month treatment) Excludes orthodontic treatment plan and banding No waiting period for orthodontic benefits	Plan pays 60% of allowable amounts, up to \$2,000 lifetime maximum per person Orthodontic benefits are available to eligible employee, spouse and dependent children No waiting period for orthodontic benefits	You pay charges in excess of \$50 per month Lifetime maximum up to \$1,800 per person Orthodontic benefits are available to eligible employee, spouse and dependent children No waiting period for orthodontic benefits

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Allowable amounts apply for all benefits	HealthChoice Dental	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
Major Care (Dentures, bridge work)	Network: You pay 40% after deductible Non-network: You pay 50% after deductible plus charges above the allowable amounts	You pay Network: 40% Non-network: 40% plus amounts above maximum allowed charge Deductible applies	You pay Network: 50% Non-network: 50% plus amounts above maximum allowed charge Deductible applies	Network: Plan pays 60% of allowable amounts after deductible Non-network: Plan pays 50% of usual and customary after deductible
Orthodontic Care	Network: You pay 50% of allowable amounts; no deductible applies Non-network: You pay 50% of the allowable amounts, plus charges above the allowable amounts; no deductible applies Covered for members age 18 and under Covered for treatment of TMD at any age No lifetime maximum 12-month waiting period for orthodontic benefits (some exceptions apply).	You pay Network: 40% Non-network: 40% plus amounts above maximum allowed charge \$2,000 lifetime maximum per person No waiting period for orthodontic benefits	You pay Network: 50% Non-network: 50% plus amounts above maximum allowed charge \$2,000 lifetime maximum per person No waiting period for orthodontic benefits	Network: Plan pays 60% Non-network: Plan pays 50% up to lifetime maximum of \$2,000 for dependents under age 19 12-month waiting period applies

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Allowable amounts apply for all benefits	Cigna Dental Care Plan (Prepaid)	Delta Dental PPO Network and Non-Network	Delta Dental PPO – Choice
Plan Year Maximum	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
Filing Claims	No claims to file	Network: No claims to file Non-network: You file claims	Network: No claims to file Non-network: You file claims

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Allowable amounts apply for all benefits	HealthChoice Dental	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
Plan Year Maximum	Network and non-network: \$2,500 per person You are responsible for all charges billed by provider after plan year maximum is met	Network and non-network: \$5,000 per person	Network and non-network: \$1,500 per person	\$2,000 per person
Filing Claims	Network: No claims to file Non-network: You file claims	Claims are filed by network and non-network dentists	Claims are filed by network and non-network dentists	Claims must be filed by either the member or the provider

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