

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
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
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

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
Annual Deductible	Network: \$25 individual/\$75 family Basic and Major services combined Non-network: \$25 individual/\$75 family Preventive, Basic and Major services combined	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	You pay Network: \$0 Non-network: Amounts above allowable fees after deductible	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	You pay Network: 15% Non-network: 30% plus amounts above allowable fees Deductible applies	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
Major Care Dentures, bridge work	You pay Network: 40% Non-network: 50% plus amounts above allowable fees Deductible applies	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

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

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

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

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