

2019 Dental Plans

	Prepaid Dental Plans ¹			Preferred Provider Organization (PPO) Plans ²		Indemnity with PPO Plans ³		Indemnity Plans ⁴
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana Select 15 Prepaid Dental (4044)	Ameritas & Metlife Preventive PPO (4023 & 4033)	Ameritas & Metlife Standard PPO (4022 & 4032)	Ameritas & Metlife Indemnity PPO (4021 & 4031)	Sun Life Indemnity PPO (4074)	Humana Indemnity (4084)
Type I: Preventative Services <i>(Routine & deep cleanings, X-rays, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network; 80% out of network	100% in-network; 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: reimbursement amounts
Type II: Basic Services <i>(Fillings, root canals, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network; 50% out of network	80% in-network; 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: reimbursement amounts
Type III: Major Services <i>(Crown, bridges, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network; 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: reimbursement amounts
Calendar Year Deductible	No Deductible	No Deductible	No Deductible	Type I: No Deductible Type II only: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type I: No Deductible Type II & III: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type I: No Deductible Type II: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type II & III: <u>Individual:</u> \$50 <u>Family:</u> \$100	No Deductible
Calendar Year Maximum Benefit	None	None	None	\$1,000	\$1,500	\$2,000	\$1,250	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	Yes, No age limit	No coverage	Yes, No age limit on adults. Children covered through the end of the calendar year	Yes, No age limit on adults. Children covered through the end of the calendar year	Yes, only dependents under 19	No coverage

					in which they turn age 26.	in which they turn age 26.		
Waiting Period for Orthodontic Services	None	None	None	No coverage	12-month waiting period (can be satisfied with prior creditable coverage)	None	None	No coverage
Orthodontia Maximum	None	None	May receive a 25 percent reduction from usual and customary fees	No coverage	\$2,000 in network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No coverage

1. Prepaid Dental Plans: Benefits only when you use network providers and no annual maximum.
2. Preferred Provider Organization (PPO) Dental Plans: Receive care from any dentist and incur lower costs for using network providers.
3. Indemnity with PPO Plans: Receive care from any dentist, incur lower costs for using network providers, and receive higher reimbursement rate for out-of-network providers.
4. Indemnity Plans: Receive care from any licensed dentist; reimbursed according to the benefits schedule.