

			Monthly Premiums			
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Prepaid Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Benefits only when you use network providers.</li> <li>✓ No deductible or annual maximum</li> <li>✓ Most preventive care at no charge</li> <li>✓ You pay a fixed copayment for dental procedures listed on the copayment schedule.</li> <li>✓ Orthodontia: Covered for adults and children.</li> </ul>	4034	<a href="#">CIGNA Prepaid Dental</a>	\$24.01	\$47.31	\$56.41	\$72.06
	4025	<a href="#">Sun Life Prepaid Dental</a>	\$14.93	\$25.17	\$33.26	\$43.54
	4044	<a href="#">Humana Select 15 Prepaid Dental</a>	\$12.64	\$21.20	\$23.00	\$32.98
<b>PPO Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ Your cost is lower when you use network dentists</li> <li>✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.</li> <li>✓ Orthodontia: 12 month waiting period for the standard plan (can be avoided with proof of prior creditable coverage).</li> </ul>	4023	<a href="#">Ameritas Preventive</a>	\$22.84	\$43.20	\$46.24	\$67.76
	4033	<a href="#">Metlife Preventive</a>	\$21.98	\$40.64	\$45.42	\$65.94
	4022	<a href="#">Ameritas Standard</a>	\$31.50	\$59.04	\$66.08	\$96.22
	4032	<a href="#">Metlife Standard</a>	\$32.08	\$59.34	\$66.32	\$96.28
<b>Indemnity with PPO Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ Your cost is lower when you use network dentists</li> <li>✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive.</li> <li>✓ Orthodontia: Child only orthodontia covered by Sun Life.</li> </ul>	4021	<a href="#">Ameritas Indemnity</a>	\$37.96	\$70.40	\$80.16	\$115.76
	4031	<a href="#">Metlife Indemnity</a>	\$45.50	\$84.16	\$94.04	\$136.52
	4074	<a href="#">Sun Life Freedom Advance</a>	\$43.55	\$83.61	\$98.83	\$130.35
<b>Indemnity Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ No annual deductible to meet before the plan starts paying benefits</li> <li>✓ Reimbursement schedule and then pay part of the cost for the services you receive.</li> </ul>	4084	<a href="#">Humana Schedule B</a>	\$14.74	\$21.96	\$23.30	\$37.10