

## ACTIVE DENTAL PLAN DESIGN

DENTAL PLAN COMPARISON			
	DENTAL EXPENSE PLAN		DENTAL PLAN ORGANIZATION (DPO) Including Aetna, Cigna, Horizon, MetLife
	IN-NETWORK	OUT-OF-NETWORK	
<b>Deductible</b>	\$50 per person per calendar year/ \$100 per family; None for diagnostic, preventive, and orthodontic services	\$75 per person per calendar year/ \$150 per family; None for diagnostic, preventive, and orthodontic services	None
<b>Coinsurance</b>	Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*	Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*	Plan pays 100% (less copayment); 100% Diagnostic and Preventive
<b>Copayments</b>	None	None	Varies depending on service
<b>Benefits Maximum</b>	\$3,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$1,000 (lifetime) per child for orthodontics	\$2,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$750 (lifetime) per child for orthodontics	Unlimited
<b>Provider Limitations</b>	Must use participating dentist	Any licensed dentist	Must use DPO-participating dentist
<b>Selected Services</b>	<b>Some services listed below may be covered subject to deductibles and coinsurance as shown above</b>	<b>Some services listed below may be covered subject to deductibles and coinsurance as shown above</b>	<b>Services listed below are covered in full subject to copayments</b>
<b>Examinations</b>	Oral evaluations limited to twice per calendar year; Plan pays 100%*	Oral evaluations limited to twice per calendar year; Plan pays 90%*	Oral evaluations limited to twice per calendar year; Plan pays 100%
<b>X-Rays</b>	Covered subject to limitations; Plan pays 100%*	Covered subject to limitations; Plan pays 90%*	Covered subject to limitations; Plan pays 100%
<b>Cleanings (Oral Prophylaxis)</b>	Two cleanings per calendar year; Plan pays 100%*	Two cleanings per calendar year; Plan pays 90%*	Two cleanings per calendar year; Plan pays 100%
<b>Fluoride Applications</b>	Covered only for children under age 19; Twice per calendar year; Plan pays 100%*	Covered only for children under age 19; Twice per calendar year; Plan pays 90%*	Covered only for children under age 19; Twice per calendar year; Plan pays 100%

\* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.

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<b>Tooth Sealants</b>	Covered for children under age 19 (with restrictions); Plan pays 100%*	Covered for children under age 19 (with restrictions); Plan pays 90%*	Covered only for children under age 19; No copayment (limitations apply)
<b>Routine Fillings</b>	Plan pays 80%*	Plan pays 70%*	Covered; Copayments may apply**
<b>Simple Extraction</b>	Plan pays 80%*	Plan pays 70%*	Covered after copayment of \$20
<b>Crowns</b>	Plan pays 65%*	Plan pays 55%*	Covered after copayment of \$150–\$225**
<b>Root Canal (Endodontics)</b>	Plan pays 80%*	Plan pays 70%*	Endodontic Therapy covered after copayment of \$100–\$175**
<b>Dentures</b>	Repair of existing dentures covered at 80%;* New or replacement dentures covered at 50%*	Repair of existing dentures covered at 70%;* New or replacement dentures covered at 40%*	Covered after copayment (with limitations)**
<b>Oral Surgery for Removal of Impacted Tooth</b>	Plan pays 80%;* May be covered under the medical plan first, then dental will consider	Plan pays 70%;* May be covered under the medical plan first, then dental will consider	Covered after copayment of \$65
<b>Periodontics</b>	Plan pays 50% (with limitations)	Plan pays 40% (with limitations)	Covered after copayment of: \$30 for gingivectomy (one to three teeth); \$55 for root planing (per quadrant); \$100–\$175** for osseous surgery
<b>Orthodontic</b>	After you have been an employee for 10 months, eligible services covered at a 50% coinsurance level, up to a \$1,000 lifetime maximum per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	After you have been an employee for 10 months, eligible services covered at a 40% coinsurance level, up to a \$750 lifetime maximum (maximum of \$1,000 combined in- and out-of-network) per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	Maximum treatment is 24 months; Copayment as follows: Patient under age 18: \$1,000 or 50% of reasonable and customary charges, whichever is less; Patient age 18 or over: \$1,750 or 50% of reasonable and customary charges, whichever is less
<p>* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.  ** See the <i>Employee Dental Plans Member Guidebook</i> for DPO copayment amounts.</p>			