

Compare Your Dental Plan Options

BENEFITS	Premier Dental Care Plan ¹	Choice Dental Care Plan ¹	Guided Dental HMO Plan ³
Providers	May use any provider or save with network providers	May use any provider or save with network providers	Must use only providers in the network
Deductible (per person per year) ²	\$50	\$50	No deductible
Annual maximum benefit	\$1,500	\$1,200	No annual maximum
Type I: Preventive services	100%	90%	\$5 office visit copay + applicable fee (if any) ³
Routine oral examinations — two per calendar year	100%	90%	No charge
Routine dental cleanings — two times per calendar year	100%	90%	No charge Limit 1 every 6 months
Bitewing x-rays once every 12 months	100%	90%	No charge
Fluoride treatments for children under age 14 — one treatment per 12 months	100%	90%	No charge ⁴
Type II: Basic services (restorative dentistry)	80%	70%	\$5 office visit copay + applicable fee (if any) ³
Panoramic x-ray — once every 60 months	80%	70%	No charge ⁵
New fillings; replacement fillings — once every 24 months per filling	80%	70%	No charge for simple fillings; \$42–\$100 for composite multi-surface or composite posterior fillings
Simple extractions	80%	70%	\$11
Type III: Major services (crowns and major restoration)	50%	50%	\$5 office visit copay + applicable fee (if any) ³
Endodontic treatment (root canal)	50%	50%	\$62–\$375
Dentures	50%	50%	\$525–\$675
Crowns	50%	50%	\$41–\$480
Type IV: Orthodontic services	50% with a lifetime maximum benefit of \$1,000	50% with a lifetime maximum benefit of \$1,000	\$5 office visit copay + applicable fee ³ (24 month limitation)
Type IX: Dental Surgical Implant Coverage	50%	50%	Not covered
Waiting periods	Six to 24 months for certain services	Six to 24 months for certain services	None
MONTHLY RATES			
Employee only	\$35.61	\$28.74	\$17.90
Employee + spouse	\$72.48	\$55.91	\$30.28
Employee + child(ren)	\$72.48	\$55.91	\$42.07
Employee + family	\$124.01	\$102.46	\$49.59

¹Coverage percentages based on reasonable and customary charges.

²Deductibles apply to basic and major services for the Premier Dental Care and Choice Dental Care Plans.

³Fees based on the Guided Dental HMO patient charge schedule (K1-V7).

⁴Limit of two times per calendar year up to age 19 for the Guided Dental HMO Plan only.

⁵Limit once every three years for the Guided Dental HMO Plan only.