

Dental Plans

COMPARE YOUR PLANS

Option 1 or 2: With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS

| | Option 1: PPO | | Option 2: PPO | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Your Monthly premium | \$38.90 | | \$29.54 | |
| You and spouse | \$74.50 | | \$57.15 | |
| You and child(ren) | \$73.01 | | \$55.63 | |
| You, spouse and child(ren) | \$109.89 | | \$82.76 | |
| Calendar year deductible | <i>In-network</i> | <i>Out-of-network</i> | <i>In-network</i> | <i>Out-of-network</i> |
| Individual | \$0 | \$50 | \$0 | \$50 |
| Family limit | 3 per family | | 3 per family | |
| Waived for | Preventive | Preventive | Preventive | Preventive |
| Charges covered for you (co-insurance) | <i>In-network</i> | <i>Out-of-network</i> | <i>In-network</i> | <i>Out-of-network</i> |
| Preventive Care (e.g., cleanings) | 100% | 100% | 100% | 100% |
| Basic Care (e.g., fillings, extractions) | 100% | 80% | 100% | 80% |
| Major Care (e.g., crowns, dentures) | 60% | 50% | 0% | 0% |
| Orthodontia | Not Covered | | Not Covered | |
| Annual Maximum Benefit | \$1000 | \$1000 | \$1000 | \$1000 |
| Maximum Rollover | Yes | | Yes | |
| Rollover Threshold | \$500 | | \$500 | |
| Rollover Amount | \$250 | | \$250 | |
| Rollover In-network Amount | \$350 | | \$350 | |
| Rollover Account Limit | \$1000 | | \$1000 | |
| Lifetime Orthodontia Maximum | Not Applicable | | Not Applicable | |
| Network | DentalGuard Preferred | | DentalGuard Preferred | |