

			Monthly Premiums			
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan ✓ Pays benefits only when you use network providers. ✓ No deductible or annual maximum ✓ Most preventive care at no charge ✓ You pay a fixed copayment for dental procedures listed on the copayment schedule. ✓ Orthodontia: Covered for adults and children.	4034	CIGNA Dental	\$24.01	\$47.31	\$56.41	\$72.06
	4025	Sun Life Prepaid 225	\$14.93	\$25.17	\$33.26	\$43.54
	4044	Humana Select 15	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan ✓ Receive care from any dentist ✓ Your cost is lower when you use network dentists ✓ 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. ✓ Orthodontia: Covered for adults and children (excluding Preventive PPO).	4022	Ameritas Standard	\$31.50	59.04	66.08	96.22
	4032	Metlife Standard	32.08	59.34	66.32	96.28
	4023	Ameritas Preventive	22.84	43.20	46.24	67.76
	4033	Metlife Preventive	21.98	40.64	45.42	65.94
Indemnity with PPO Dental Plan ✓ Receive care from any dentist ✓ Your cost is lower when you use network dentists ✓ 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. ✓ Orthodontia: Child only orthodontia covered by Sun Life.	4021	Ameritas Indemnity	\$37.96	\$70.40	\$80.16	\$115.76
	4031	Metlife Indemnity	45.50	84.16	94.04	136.52
	4074	Sun Life Freedom Advance	\$43.55	\$83.61	\$98.83	\$130.35
Indemnity Dental Plan ✓ Receive care from any dentist ✓ You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule 8	\$14.74	\$21.96	\$23.30	\$37.10