

2018 State Dental Plans

	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana Prepaid Dental (4044)	Ameritas & Metlife Preventive PPO (4023 & 4033)	Ameritas & Metlife Standard PPO (4022 & 4032)	Ameritas & Metlife Indemnity PPO (4021 & 4031)	Humana Indemnity PPO (4084)	Sun Life Indemnity PPO (4074)
Type I: Preventative Services <i>(Routine & deep cleanings, X-rays, etc.)</i>	Fixed copayments	Fixed copayments	Fixed copayments	100% in-network; 80% out of network	100% in-network; 80% out of network	100% in or out of network	Fixed copayments	100% in or out of network
Type II: Basic Services <i>(Fillings, root canals, etc.)</i>	Fixed copayments	Fixed copayments	Fixed copayments	80% in-network; 50% out of network	80% in-network; 50% out of network	80% in or out of network	Fixed copayments	80% in or out of network
Type III: Major Services <i>(Crown, bridges, etc.)</i>	Fixed copayments	Fixed copayments	Fixed copayments	No coverage	50% in-network; 30% out of network	50% in or out of network	Fixed copayments	50% in or out of network
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No Deductible Type II only: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type I: No Deductible Type II & III: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type I: No Deductible Type II: <u>Individual:</u> \$50 <u>EE + Spouse:</u> \$100 <u>EE+ Children:</u> \$100 <u>Family:</u> \$150	Type I: No deductible Type II & III: <u>Individual:</u> \$50 <u>Family:</u> \$150	Type I, II, & III: <u>Individual:</u> \$50 <u>Family:</u> \$100
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$1,000	\$1,250
Orthodontia	Yes, No age limit	Yes, No age limit	Yes, No age limit	No coverage	Yes, No age limit	Yes, No age limit	No coverage	Yes, only dependents under 19
Waiting Period for Orthodontic Services	None	None	None	No coverage	12 month waiting period	None	No coverage	12 month waiting period
Orthodontia Maximum	None	None	None	No coverage	\$2,000 in network; \$1,500 out of network	50% or \$2,500 in or out of network	No coverage	\$1,000

			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