

Carrier Name:

Plan Name:

Eligible Class

	Anthem Blue Cross		Delta Dental Insurance Company		MetLife Inc
	PPO		PPO		Managed Dental
	Classified Employees		Classified Employees		Classified Employees
	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
General Plan Information					
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0
Waived for Preventive	Yes	Yes	N/A	N/A	Not Applicable
Annual Plan Maximum	\$2,500 In/Out of Network Combined	\$2,500 In/Out of Network Combined	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum benefit for occlusal guard	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum for occlusal guard	Unlimited
Lifetime Orthodontia Plan Maximum	\$2,000 In/Out of Network Combined	\$2,000 In/Out of Network Combined	50% to \$500 lifetime in/out-of-network combined	50% to \$500 lifetime in/out-of-network combined	\$1,950 Copay to age 19; \$2,250 Copay from Age 20 & up
Reasonable & Customary Percentile	100-90-60% of Negotiated Fee	100-80-50% of Reasonable & Customary	100%	80% Prosthodontics Covered at 50%	
Waiting Period	N/a	N/A	0 months	0 months	
Covered Services					
Diagnostic and Preventive Services					
Diagnostic and Preventive	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	
Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	80%	No Charge
Bitewing X-Rays	100% of Negotiated Fee once/cal yr adult;once/6 mo. child	100% of Reasonable & Customary once/cal yr adult;once/6 mo. child	100%	80%	No Charge Full Set, Every 3 Years, 100% Single x-ray; \$5 Copay Each Additional
Full Mouth X-Rays	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	
Cleaning and Scaling			100% (teeth whitening included, one treatment per 24 months)	80% (teeth whitening included, one treatment per 24 months)	
Prophylaxis Treatments	100% of Negotiated Fee 4/calendar year	100% of Reasonable & Customary 4/calendar year	100%	80%	No Charge One Allowed Every Six Months
Fluoride Treatments	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	No Charge
Space Maintainers	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	\$20 Copay
Sealants	100% of Negotiated Fee Dependent Children Under 14	100% of Reasonable & Customary Dependent Children Under 14	100% Dependent Children Under 14	80% Dependent Children Under 14	\$5 Copay

Carrier Name:	Anthem Blue Cross		Delta Dental Insurance Company		MetLife Inc
Plan Name:	PPO		PPO		Managed Dental
Eligible Class	Classified Employees		Classified Employees		Classified Employees
	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
Basic Services					
Basic	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	
Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	\$0 to \$175
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	\$0 to \$85
Endodontic Treatment	90% of Negotiated Fee once per tooth/24 months	80% of Reasonable & Customary once per tooth/24 months	100%	80%	\$0 to \$160
Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	80%	\$0 to \$300
Re-linings and Re-basings of Existing Removable Dentures	90% of Negotiated Fees once/36 months	80% of Reasonable & Customary once/36 months	50%	50%	\$10-\$35 Copay
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	90% of Negotiated Fees	80% of Reasonable & Customary	100% Bridges/Dentures	50%	\$0 to \$75
Major Services					
Major	60% of Negotiated Fee; occlusal guard included, one per 24 months in and out of network combined	50% of Reasonable & Customary; occlusal guard included, one per 24 months in and out of network combined	50%	50%	\$0 to \$125
Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	80%	\$85 Copay
TMJ	Not covered	Not covered	Not covered	Not covered	
Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	60% of Negotiated Fee once in 60 months	50% of Reasonable & Customary once in 60 months	50%	50%	No Charge
Implants	60% of Negotiated Fee once/60 months;maintenance & repair/12 months	50% of Reasonable & Customary once/60 months;maintenance & repair/12 months	Not covered	Not covered	
Orthodontia Services					
Orthodontia	50% of Negotiated Fee	50% of Negotiated Fee	50%	50%	Lifetime Maximum
Dependent Children	\$2,000 lifetime maximum (in and out of network combined)	\$2,000 lifetime maximum (in and out of network combined)	\$500 lifetime maximum (in and out of network combined)	\$500 lifetime maximum (in and out of network combined)	\$1950 Copay to Age 19
Adults (and Covered Full-Time Students, if Eligible)					\$2250 Copay from Age 20 & Up
Adult Lifetime Maximum	\$2,000 lifetime maximum (in and out of network combined)	\$2,000 lifetime maximum (in and out of network combined)	\$500 lifetime maximum (in and out of network combined)	\$500 lifetime maximum (in and out of network combined)	