



# FY'21 DENTAL PLAN DESIGNS

(7/1/20 - 6/30/21)

Deductibles and Benefit Periods run calendar year (Jan. 1 - Dec. 31)

**Bolded benefits under Buy Up Plan are enhanced from the Basic Plan.**

(This flyer is not a complete list - see SPDs for complete summary, frequency, and limitations of services)

	<b>Basic Plan</b>		<b>Buy-Up Plan</b>	
	Single	Family	Single	Family
<b>Deductible: Single / Family</b>	\$25 / \$75		\$25 / \$75	
<b>Annual Benefit Max</b> (total amount the insurance will pay per person/per year)	\$750		<b>\$1,500.00</b>	
<b>Coinsurance After Deductible</b>				
<b>Check-Ups and Teeth Cleaning</b> (Diagnostic and Preventative Services)	80% / 20%		<b>100% covered;</b> <b>deductible &amp; annual max waived</b>	
Dental Cleaning *(2x per benefit period)				
Oral Evaluation *(2x per benefit period)				
Fluoride Applications (1x every 6 consecutive months)				
X-rays (see SPD for details)				
<b>Cavity Repair, Tooth Extractions</b> (Routine and Restorative Services)	80% / 20%		80% / 20%	
Includes routine oral surgery				
Sealant Applications (children under age 15)	80% / 20%		<b>100% covered;</b> <b>deductible &amp; annual max waived</b>	
Space Maintainers (children under age 14)				
<b>Root Canals</b> (Endodontic Services)	80% / 20%		80% / 20%	
see SPD for details				
<b>Gum and Bone Diseases</b> (Periodontal Services) - subject to DD review, see SPD	80% / 20%		80% / 20%	
Conservative Procedures; Maintenance Therapy				
Complex Procedures	50% / 50%		<b>80% / 20%</b>	
<b>High Cost Restorations</b> (Cast Restorations)	80% / 20%		80% / 20%	
Crowns; Inlays; Onlays; Posts and Cores				
<b>Dentures and Bridges</b> (Prosthetics)	50% / 50%		50% / 50%	
Bridges; Dentures (1 x every 5 yrs)				
<b>Straighter Teeth</b> (Orthodontics)	50% / 50%, lifetime max \$750; deductible & annual max waived		50% / 50%, <b>lifetime max \$1500;</b> deductible & annual max waived	
Proper alignment of teeth (children under age 19)				
<b>Other Feature - ENHANCED BENEFITS PROGRAM</b> (see EBP flyer for more information and how to register)	Not Included		<b>Included</b>	
* Two (2) additional cleanings each year for those with certain medical and dental conditions				
* One (1) additional cleaning for pregnancy				
<b>EMPLOYEE DENTAL PREMIUMS ARE BASED UPON YOUR MEDICAL ELECTION/DECLINATION</b> (e.g. - You elected a Family Medical plan. If you elect the FAMILY BASIC PLAN, your dental premium is \$0)	<b>Monthly Dental Premiums</b>			
	<b>Single Basic Dental</b>	<b>Family Basic Dental</b>	<b>Single Buy-Up Dental</b>	<b>Family Buy-Up Dental</b>
<b>Single Medical</b>	\$0	\$43.86	\$13.38	\$90.58
<b>Family Medical</b>	\$0	\$0	\$13.38	\$46.72
<b>Decline Medical</b>	\$21.66	\$65.52	\$35.04	\$112.24