

## COMPARISON OF BENEFITS FOR DENTAL PLANS

	<b>Assurant Employee Benefits Freedom Preferred</b>	<b>Assurant Employee Benefits Heritage Plus and Heritage Secure</b>	<b>CIGNA Dental Care Plan (Prepaid)</b>	<b>Delta Dental PPO In-Network and Out-of-Network</b>	<b>Delta Dental PPO Plus Premier In-Network and Out-of-Network</b>
<b>Annual Deductible</b>	\$25 per person, waived for in-network preventive services	No deductibles	No deductible or plan maximum \$5 office copay applies	\$25 per person, per year, applies to Basic and Major Care only	\$50 per person, per year, applies to Diagnostic, Preventive, Basic and Major Care
<b>Diagnostic and Preventive Care (cleanings, routine oral exams) Allowable Fees Apply</b>	Network: Plan pays 100% of allowable amounts No deductible Non-network: Plan pays 100% of usual and customary after deductible	No charge for routine cleaning (once every 6 months) No charge for topical fluoride application (up to age 18) No charge for periodic oral evaluations Heritage Plus: Sealant per tooth: \$15 copay Heritage Secure: Sealant per tooth: \$22 copay	Sealant per tooth: \$17 copay Routine cleaning (once every 6 months): no charge Topical fluoride application (up to age 18): no charge Periodic oral evaluations: no charge	Plan pays 100% of allowable amounts No deductible applies Topical fluoride covered for children (up to age 19)	Plan pays 100% of allowable amounts after deductible Topical fluoride covered for children (up to age 19)
<b>Basic Care (extractions, oral surgery) Allowable Fees Apply</b>	Network: Plan pays 85% of allowable amounts after deductible Non-network: Plan pays 70% of usual and customary after deductible	Fillings Minor oral surgery Heritage Plus: Amalgam, one surface, permanent teeth: \$25 copay Heritage Secure: Amalgam, one surface, permanent teeth: \$32 copay	Amalgam: One surface, permanent teeth \$23 copay	Plan pays 85% of allowable amounts after deductible	Plan pays 70% of allowable amounts after deductible

Plan changes are indicated by **bold text**.

This is only a sample of the services covered by each plan. For services that are not listed in this comparison chart, contact each plan. Refer to Contact Information at the back of this guide.

# COMPARISON OF BENEFITS FOR DENTAL PLANS

	Delta Dental PPO – Choice PPO Network	HealthChoice Dental	MetLife Classic	MetLife Value MAC	MetLife Value PDP
<b>Annual Deductible</b>	\$100 per person, per year, applies to Major Care only (Level 4)	Network: \$25 individual/\$75 family, Basic and Major services combined Non-network: \$25 individual/\$75 family, Preventive, Basic and Major services combined plus amounts above allowable fees	\$25 per person \$75 per family Basic and Major Care	\$25 per person \$75 per family Basic and Major Care	\$25 per person \$75 per family Basic and Major Care
<b>Diagnostic and Preventive Care (cleanings, routine oral exams) Allowable Fees Apply</b>	Schedule of covered services and copays Topical fluoride covered for children only Copay examples: Routine cleaning \$5 Periodic oral evaluation \$5 Topical fluoride application (up to age 19) \$5	You pay Network: \$0 Non-network: \$0 of allowable fees after deductible	Network: Plan pays 100% of negotiated fee schedule Non-network: Plan pays 100% of reasonable and customary Routine exams and cleanings: two every 12 months Fluoride: two every 12 months (up to age 16)	Network: Plan pays 100% of negotiated fee schedule Non-network: Plan pays 100% of reasonable and customary Routine exams and cleanings: two every 12 months Fluoride: two every 12 months (up to age 16)	Network: Plan pays 100% of negotiated fee schedule Non-network: Plan pays 100% of reasonable and customary Routine exams and cleanings: two every 12 months Fluoride: two every 12 months (up to age 16)
<b>Basic Care (extractions, oral surgery) Allowable Fees Apply</b>	Schedule of covered services and copays Copay example: Amalgam - one surface, primary or permanent tooth \$12	You pay Network: 15% Non-network: 30% plus amounts above allowable fees Deductible applies	Network: Plan pays 85% of negotiated fee schedule Non-network: Plan pays 85% of reasonable and customary  Network and Non-network: Root canal: one per tooth per lifetime	Network: Plan pays 85% of negotiated fee schedule Non-network: Plan pays 70% of reasonable and customary  Network and Non-network: Root canal: one per tooth per lifetime	Network: Plan pays 85% of negotiated fee schedule Non-network: Plan pays 70% of reasonable and customary  Network and Non-network: Root canal: one per tooth per lifetime

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	<b>Assurant Employee Benefits Freedom Preferred</b>	<b>Assurant Employee Benefits Heritage Plus and Heritage Secure</b>	<b>CIGNA Dental Care Plan (Prepaid)</b>	<b>Delta Dental PPO In-Network and Out-of-Network</b>	<b>Delta Dental PPO Plus Premier In-Network and Out-of-Network</b>
<b>Major Care (dentures, bridge work) Allowable Fees Apply</b>	Network: Plan pays 60% of allowable amounts after deductible Non-network: Plan pays 50% of usual and customary after deductible	Heritage Plus: Root canal anterior: \$165 copay Periodontal/Scaling/Root planing 1-3 teeth, per quadrant: \$36 copay Specialty rider pays specialist at set copays Heritage Secure: Root canal anterior: \$175 copay Periodontal/Scaling/Root planing 1-3 teeth, per quadrant: \$54 copay Endodontist: 15% discount	Root canal, anterior: \$375 copay Periodontal: Scaling/root planing 1-3 teeth (per quadrant): \$75 copay	Plan pays 60% of allowable amounts after deductible	Plan pays 50% of allowable amounts after deductible
<b>Orthodontic Care Allowable Fees Apply</b>	Network: Plan pays 60% Non-network: Plan pays 50% Up to lifetime maximum of \$2,000 for dependents under age 19	25% discount Adults and children	\$2,472 out-of-pocket for children \$3,384 out-of-pocket for adults  24-month treatment excludes orthodontic treatment plan and banding	Plan pays 60% of allowable amounts, up to \$2,000 lifetime maximum per person  Orthodontic benefits are available to eligible employee, spouse and dependent children	Plan pays 60% of allowable amounts, up to \$2,000 lifetime maximum per person  Orthodontic benefits are available to eligible employee, spouse and dependent children
<b>Plan Year Maximum</b>	\$2,000 per person, per policy year	No annual maximum, per policy year	No plan year dollar maximum	\$2,500 per person/year for Diagnostic, Preventive, Basic and Major Care	\$3,000 per person/year for Diagnostic, Preventive, Basic and Major Care
<b>Filing Claims</b>	Member/provider must file claims	No claims to file	No claims to file	Claims are filed by participating dentists	Claims are filed by participating dentists

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	Delta Dental PPO – Choice PPO Network	HealthChoice Dental	MetLife Classic	MetLife Value MAC	MetLife Value PDP
<b>Major Care (dentures, bridge work) Allowable Fees Apply</b>	Schedule of covered services and copays Coplay examples: Crown - porcelain/ceramic substrate \$241 Complete denture – maxillary \$320	You pay Network: 40% Non-network: 50% plus amounts above allowable fees Deductible applies	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 60% of reasonable and customary  Network and Non-network: Dentures: one every five years Fixed bridges/inlays/onlays: one every five years Implants: one per tooth every five years	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 50% of reasonable and customary  Network and Non-network: Dentures: one every 10 years Fixed bridges/inlays/onlays: one every 10 years Implants: one per tooth every 10 years	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 50% of reasonable and customary  Network and Non-network: Dentures: one every 10 years Fixed bridges/inlays/onlays: one every 10 years Implants: one per tooth every 10 years
<b>Orthodontic Care Allowable Fees Apply</b>	You pay charges in excess of \$50 per month Lifetime maximum up to \$1,800 per person  Orthodontic benefits are available to eligible employee, spouse and dependent children	You pay Network: 50% Non-network: 50% plus amounts above allowable fees 12-month waiting period applies No lifetime maximum Covered for members under age 19 and members ages 19 and older with TMD	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 60% of reasonable and customary  \$2,000 lifetime maximum	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 50% of reasonable and customary  \$2,000 lifetime maximum	Network: Plan pays 60% of negotiated fee schedule Non-network: Plan pays 50% of reasonable and customary  \$2,000 lifetime maximum
<b>Plan Year Maximum</b>	\$2,000 per person/year for Diagnostic, Preventive, Basic and Major Care	Network and Non-network: \$2,500 per person, per year	\$5,000, applies to Preventive, Basic and Major Care	\$2,500, applies to Preventive, Basic and Major Care	\$2,500, applies to Preventive, Basic and Major Care
<b>Filing Claims</b>	Claims are filed by participating dentists	Network: No claims to file Non-network: You file claims	Claims are filed by network and non-network dentists	Claims are filed by network and non-network dentists	Claims are filed by network and non-network dentists

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