

## COMPARISON OF BENEFITS FOR DENTAL PLANS

YOUR COSTS FOR NETWORK SERVICES	HEALTHCHOICE DENTAL	CIGNA DENTAL CARE PLAN (PREPAID)	ASSURANT FREEDOM PREFERRED
<b>ANNUAL DEDUCTIBLE</b>	Network: \$25 Basic and Major services combined Non-Network: \$25 Preventive, Basic, and Major services combined	No deductible or plan maximum \$5 office copay applies	\$25 per person, per year, waived for preventive services in-network
<b>PREVENTIVE CARE</b> EX: CLEANING, ROUTINE ORAL EXAM <b>ALLOWED CHARGES APPLY</b>	Network: \$0 Non-Network: \$0 of Allowed Charges after deductible	Sealant: \$15 per tooth No charge for routine cleaning once every 6 months No charge for topical fluoride application (through age 18) No charge for periodic oral evaluations	\$0 with no deductible when in-network
<b>BASIC CARE</b> EX: EXTRACTIONS, ORAL SURGERY <b>ALLOWED CHARGES APPLY</b>	Network: 15% Non-Network: 30% Deductible applies	Amalgam: One surface, permanent teeth <b>\$21</b>	Network: 15% Non-Network: 30% Plan pays 85% of usual and customary when in-network Deductible applies
<b>MAJOR CARE</b> EX: DENTURES, BRIDGE WORK <b>ALLOWED CHARGES APPLY</b>	Network: 40% Non-Network: 50% Deductible applies	Root canal, anterior: <b>\$355</b> Periodontal/scaling/root planing 1-3 teeth (per quadrant): \$65	Network: 40% Non-Network: 50% Plan pays 60% of usual and customary when in-network Deductible applies
<b>ORTHODONTIC CARE</b> <b>ALLOWED CHARGES APPLY</b>	Network: 50% Non-Network: 50% 12-month waiting period may apply No lifetime maximum for Network or non-Network Covered for members under age 19 and members over age 19 with TMD	<b>\$2,280</b> out-of-pocket for children through age 18 <b>\$3,120</b> out-of-pocket for adults  24-month treatment excludes orthodontic treatment plan and banding	Network: 40% Non-Network: 50% Up to <b>\$2,000</b> lifetime maximum for members under age 19* <b>12-month</b> waiting period may apply  *Increase in orthodontic lifetime maximum will apply to treatment beginning on or after January 1, 2011
<b>PLAN YEAR MAXIMUM</b>	Network and non-Network: \$2,000 per person per year	No maximum	\$2,000
<b>FILING CLAIMS</b>	Network: No claims to file Non-Network: You file claims	No claims to file	Member/provider must file claims

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ASSURANT PREPAID PLANS HERITAGE PLUS WITH SBA AND HERITAGE SECURE	DELTA DENTAL PPO IN-NETWORK AND OUT-OF-NETWORK	DELTA DENTAL PREMIER IN-NETWORK AND OUT-OF-NETWORK	DELTA DENTAL PPO – CHOICE PPO NETWORK
No deductibles	\$25 per person, per year, applies to Basic and Major Care only	<b>\$50</b> per person, per year, applies to Diagnostic, Preventive, Basic, and Major Care	\$100 per person, per year, applies to Major Care only (Level 4)
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	\$0 of allowable amounts No deductible applies  Includes diagnostic	\$0 of allowable amounts after deductible  <b>Includes diagnostic</b>	Schedule of covered services and copays Copay examples: Routine cleaning \$5 Periodic oral evaluation \$5 Topical fluoride application (up to age 19) \$5  Includes diagnostic
Fillings Minor oral surgery Refer to the copayment schedule for each plan	15% of allowable amounts after deductible	30% of allowable amounts after deductible	Schedule of covered services and copays Copay example: Amalgam - One surface, primary or permanent tooth \$12
Root canal Periodontal Crowns Refer to the copayment schedule for each plan	40% of allowable amounts after deductible	50% of allowable amounts after deductible	Schedule of covered services and copays Copay examples: Crown - porcelain/ceramic substrate \$241 Complete denture - maxillary \$320
25% discount Adults and children	40% of allowable amounts, up to lifetime maximum of <b>\$2,000</b> No deductible No waiting period  <b>Orthodontic benefits are available to the employee and his/her lawful spouse and eligible dependent children</b>	40% of allowable amounts, up to lifetime maximum of <b>\$2,000</b> No deductible No waiting period  <b>Orthodontic benefits are available to the employee and his/her lawful spouse and eligible dependent children</b>	You pay amounts in excess of \$50 per month Lifetime maximum up to \$1,800 No deductible No waiting period  <b>Orthodontic benefits are available to the employee and his/her lawful spouse and eligible dependent children</b>
No annual maximum for general dentist	<b>\$2,500</b> per person, per year	\$3,000 per person, per year	\$2,000 per person, per year
No claims to file	Claims are filed by participating dentists	Claims are filed by participating dentists	Claims are filed by participating dentists