

Dental Plan Monthly Premiums

Type of Dental Plan	Plan Code	Plan Name	Monthly Premiums			
			Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan <ul style="list-style-type: none"> • Pays benefits only when you use network providers. • No deductible or annual maximum. • You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children. (Cigna Prepaid Dental only) • A Primary Care general dentist must be selected prior to service. 	4034	Cigna Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use network dentists. • You 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. (Humana Standard only) 	4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
	4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
Indemnity with PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is the same for in and out of network dentists. • You have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Covered for adults and children. 	4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137.34
Indemnity Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • You pay the dentist upfront for full cost of service, then get reimbursed for the fixed amount listed in the Schedule B fee schedule. You are responsible for any amount the dentist charges above the Schedule B allowance. 	4084	Humana Schedule B	\$14.74	\$14.74	\$23.30	\$37.10