

DENTAL PLAN MONTHLY PREMIUMS

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Prepaid Dental Plan</b>						
<ul style="list-style-type: none"> <li>A primary care general dentist must be selected prior to service.</li> <li>Pays benefits only when you use network providers.</li> <li>No deductible or annual maximum.</li> <li>Most preventive care at no charge.</li> <li>You pay a fixed copayment for dental procedures listed on the copayment schedule.</li> <li>Orthodontia: Covered for adults and children.</li> </ul>	4034	<b><u>Cigna Prepaid Dental</u></b>	\$23.49	\$46.29	\$55.20	\$70.51
<ul style="list-style-type: none"> <li>Orthodontia: Covered for adults and children.</li> </ul>	4044	<b><u>Humana HD205 Prepaid Dental</u></b>	\$12.64	\$21.20	\$23.00	\$32.98
<b>PPO Dental Plan</b>						
<ul style="list-style-type: none"> <li>Receive care from any dentist.</li> <li>Your cost is lower when you use network dentists.</li> <li>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.</li> <li>Orthodontia: Covered for adults and children (Standard PPO plans only).</li> </ul>	4094	<b><u>Humana Preventive</u></b>	\$21.54	\$39.88	\$44.56	\$64.68
	4092	<b><u>Humana Standard</u></b>	\$32.16	\$59.54	\$66.52	\$96.58
<b>Indemnity with PPO Dental Plan</b>						
<ul style="list-style-type: none"> <li>Receive care from any dentist.</li> <li>Your cost is the same for in and out of network dentists.</li> <li>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.</li> <li>Orthodontia: Covered for adults and children (Sun Life – children under 19 only).</li> </ul>	4090	<b><u>Humana Indemnity</u></b>	\$48.04	\$88.88	\$99.32	\$144.20
<b>Indemnity Dental Plan</b>						
<ul style="list-style-type: none"> <li>Receive care from any dentist.</li> <li>You pay the dentist upfront for full cost of service, then get reimbursed for the fixed amount listed in the Schedule B fee schedule.</li> <li>You are responsible for any amount the dentist charges above the Schedule B allowance.</li> </ul>	4084	<b><u>Humana Schedule B</u></b>	\$14.74	\$21.96	\$23.30	\$37.10