

2021 Dental Plan Comparison Chart

Provision	Core Option	PPO Option	
		In-Network	Out-of-Network
Annual Deductible	\$50/\$150	\$50/\$150	
Annual Maximum	\$1,000	\$1,500	
Ortho Lifetime Maximum	\$1,000	\$1,500	
TMJ Lifetime Maximum	\$500	\$500	
Child Coverage	To age 26	To age 26	
Enrollment	30 days	30 days	
Qualifying Life Event	31 days after QLE	31 days after QLE	
Preventive/Diagnostic	Benefits paid at 100%, no deductible	Benefits paid at 100%, no deductible	Benefits paid at 100%, no deductible
Exams/Prophylaxis	2/calendar year	2/calendar year	
X-rays – Full/Panorex	1/60 months	1/60 months	
X-rays – Bite Wings	1/calendar year	1/calendar year	
Fluoride – Child < 19	1/calendar year	1/calendar year	
Space Maintainers < 19	1/60 months	1/60 months	
Sealants < 19	1/60 months	1/60 months	
Basic Services	Benefits paid at 50%, after deductible	Benefits paid at 90%, after deductible	Benefits paid at 80%, after deductible
Fillings	1/24 months/tooth	1/24 months/tooth	
Oral Surgery	No limit	No limit	
Consultations	1/12 months	1/12 months	
Endodontics	1/24 months/tooth	1/24 months/tooth	
Scaling/Root Planing	1/quadrant/24 months	1/quadrant/24 months	
Periodontal Surgery	1/36 months	1/36 months	
Periodontal Maintenance	4/cal year combined with prophylaxis	4/cal year combined with prophylaxis	
Denture Reline/Rebase	1/36 months	1/36 months	
Adjust Dentures	After 6 months	After 6 months	
Tissue Conditioning	1/36 months	1/36 months	
Occlusal Adjustment	1/12 months	1/12 months	
Occlusal Guard or Treatment	1/60 months	1/60 months	
Major Services	Benefits paid at 50%, after deductible	Benefits paid at 60%, after deductible	Benefits paid at 50%, after deductible
Denture	1/84 months	1/84 months	
Replace Cast Restoration	1/84 months	1/84 months	
Crowns (Same Tooth)	1/84 months	1/84 months	
Core Buildup, Posts & Cores	1/84 months	1/84 months	
Implants	1/84 months	1/84 months	
Repair Implant	1/12 months	1/12 months	
Implant Supported Prosthetic	1/tooth/84 months	1/tooth/84 months	
Orthodontia	Benefits paid at 50% child/adult, no deductible	Benefits paid at 50% child/adult, no deductible	Benefits paid at 50% child/adult, no deductible
TMJ	Benefits paid at 50%, after deductible	Benefits paid at 50%, after deductible	Benefits paid at 50%, after deductible
Maximum Benefits (per person)			
Annual Maximum	\$1,000	\$1,500	
Orthodontia Lifetime Maximum	\$1,000	\$1,500	
TMJ Lifetime Maximum	\$500	\$500	

The above dental plan design summarizes key aspects of the of the benefit. For more information or any questions, please refer to the Summary Plan Document