



# 2020 Dental Plan Options (12 Pay Periods)

## Monthly Premiums (12 pay periods)

Wellness discount is applied towards medical plan premiums and does not apply to dental plan.

Additional premiums do not apply to dental plans.

## Coverage Summary

**Diagnostic:** (Not subject to deductible)

*Examples:* routine oral exams and bitewing x-rays at designated intervals

**Preventive:** (Not subject to deductible)

*Examples:* routine cleanings and other preventive services for children such as fluoride treatments at designated intervals

**Basic:** (Subject to Deductible)

*Examples:* extractions, restorations, and root canals

**Major:** (Subject to Deductible)

*Examples:* bridges, partials, dentures, TMJ services, implants

*Prior authorization required for implant and TMJ services*

No orthodontic coverage on any of the plans.

### Base Plan

Employee only= \$0  
 Employee + Child= \$0  
 Employee + Spouse= \$0  
 Family= \$0

### Buy Up Plan

Employee only = \$15.82  
 Employee + Child = \$30.05  
 Employee + Spouse = \$33.22  
 Family = \$49.04

### Base Plan

#### Deductible

Individual .....\$0  
 Family .....\$0

#### Maximum Annual Benefit

Per Person ..... \$1,500

#### No Implant Coverage

#### Basic & Major Services are not covered

	PPO Provider	Premier Provider	Non-participating
Diagnostic	100%	70%	60%
Preventive	100%	70%	60%
Basic	0%	0%	0%
Major	0%	0%	0%

### Buy Up Plan

#### Deductible

Individual .....\$50  
 Family .....\$150

#### Maximum Annual Benefit

Per Person ..... \$1,500

#### Limited Lifetime Implant Coverage

Per Person..... \$2,500

*Prior authorization required for implants*

	PPO Provider	Premier Provider	Non-participating
Diagnostic	100%	70%	60%
Preventive	100%	70%	60%
Basic	80%	70%	50%
Major	50%	50%	40%

Important Reminder: New dependents must be added to the Health Plan within 31 days of a life event (birth, marriage).