



2020 Dental Plan Options (20 Pay Periods)

Monthly Premiums (20 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 = \$9.49

Employee + Child = \$18.03

Employee + Spouse = \$19.93

Family = \$29.42

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).