

Dental Plan Designs

	PPO	Passive PPO 2000	Dental HMO
Calendar Year Max	\$2,000	\$2,000	No benefit maximum
Deductible	\$50/\$150	\$50/\$150	No deductible
Preventive Care	100%	100%	\$0 cost share for periodic oral evaluation, routine cleaning, x-rays
Basic Restorative	90% after deductible (in-network)	80% after deductible	Fillings: \$0-\$115 Scaling/root planing: \$42-\$83 per quad
Major Restorative	60% after deductible (in-network)	50% after deductible	Crown: \$88-\$150 plus materials Partial dentures: \$525-\$715
Orthodontia	50% up to \$2,000 (age 18 and under)	50% up to \$2,000 (age 18 and under)	Child: \$2,040 Adult: \$2,376