

# 2014 Dental Plan Comparison

SCHEDULE OF BENEFITS	Delta Standard Plan Pays	Delta Enriched Plan Pays
<b>CHOICE OF DENTIST</b>	Choose any dentist you wish for services and receive applicable benefits. Save the most with a Delta Dental PPO network participating dentist. Percentages below are based on Delta's applicable allowances and not the dentist's actual charge. Payments to non-Delta Dental dentists are based on the PPO fee schedule.	
<b>MAXIMUM BENEFIT / DEDUCTIBLE</b>	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
<b>TYPE I</b> 0150 Comprehensive Oral Evaluation -New or Established 0120 Periodic Oral Exam X-rays 1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth 1510 Space Maintainers	100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19	100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19
<b>TYPE II</b> Fillings: 2330 - One Surface 2331 - Two Surfaces 2332 - Three Surfaces 2335 - Four Surfaces 2390 - Resin Crown, Anterior 2394 - Resin, Four Or More Surfaces Root Canals: 3310 - Anterior 3320 - Bicuspid 3330 - Molar 3410 - Apicoectomy Extractions: 7111 - Single Tooth 7140 - Extraction, erupted tooth or exposed tooth 7210 - Surgical Extraction of erupted tooth Periodontics: (gum treatment) 4341 - Periodontal Scaling & Root Planning - per quadrant 4210 - Gingivectomy / Gingivoplasty - per quadrant 4910 - Periodontal Maintenance Procedures	100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%	100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 75% 75% 75% 75% 75% 75% 75% 75% 75%
<b>TYPE III</b> Crown & Bridge 2930 - Prefabricated Stainless Steel Primary Tooth 2791 - Crown Full Cast Predominately Base Metal 2750 - Crown Porcelain Fused to High Noble Metal 2751 - Crown Porcelain Fused to Base Metal Pontics: 6210 - Full Cast 6240 - Porcelain Fused to Metal 6750 - Crown Porcelain Fused to High Noble Metal Prosthodontics: 5110 - Complete Upper 5120 - Complete Lower 5213/14 - Partial Upper/ or Lower - Cast Metal Base	50% 50% 50% (1 per tooth within a 5 year period) 50% 50% 50% 50% (1 per tooth within a 5 year period - age 16+) 50% 50% 50%	50% 50% 50% (1 per tooth within a 5 year period) 50% 50% 50% 50% (1 per tooth within a 5 year period - age 16+) 50% 50% 50%
<b>ORTHODONTIA</b> Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 - Retention	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Adults & Children covered at 50% after one-time deductible of \$50 per person. \$1,000 Lifetime Maximum.
<b>VISION</b> Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Contact Lenses - Elective and Non-Elective Frames	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

\*All Type II and III charges subject to annual deductible.

\*The above reimbursements are exclusive of gold.

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SCHEDULE OF BENEFITS	MetLife DHMO (SafeGuard)		Humana OHS	
<b>CHOICE OF DENTIST</b>	Limited to participating Dentists within the DHMO Network.		Limited to participating Dentists in Private Practice.	
<b>MAXIMUM BENEFIT / DEDUCTIBLE</b>	No Maximum / No Deductible		No Maximum / No Deductible	
	<b>Standard *You Pay</b>	<b>Enriched *You Pay</b>	<b>Standard *You Pay</b>	<b>Enriched *You Pay</b>
<b>TYPE I</b>				
0150 Comprehensive Oral Evaluation -New or Estab.	No Charge	No Charge	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge	No Charge	No Charge
X-rays	No Charge	No Charge	No Charge	No Charge
1110/20 Prophylaxis	No Charge (2/12mo) \$15 ea. (2 add'l/12 mo)	No Charge (2/12 mo) \$14ea. (2 add'l/12 mo)	No Charge (1/6 mo.)	No Charge (1/6 mo.)
1203 Fluoride Treatment (children to age 19)	No Charge	No Charge	No Charge	No Charge
1351 Sealant - per tooth	No Charge	No Charge	\$ 6.00	No Charge
1510 Space Maintainers	\$25.00	No Charge	\$40.00	No Charge
<b>TYPE II</b>				
Fillings: (silver)				
2330 - One Surface	\$10.00	No Charge	\$10.00	No Charge
2331 - Two Surfaces	\$18.00	No Charge	\$18.00	No Charge
2332 - Three Surfaces	\$23.00	No Charge	\$23.00	No Charge
2335 - Four Surfaces	\$25.00	No Charge	\$60.00	\$60.00
2390 - Resin Crown, Anterior	\$30.00	\$30.00	\$90.00	\$90.00
2394 - Resin, Four Or More Surfaces, Posterior	\$65.00	\$65.00	\$130.00	\$130.00
Root Canals:				
3310 - Anterior	\$90.00	\$45.00	\$90.00	\$45.00
3320 - Bicuspid	\$155.00	\$90.00	\$155.00	\$90.00
3330 - Molar	\$200.00	\$145.00	\$200.00	\$145.00
3410 - Apicoectomy	\$75.00	\$65.00	\$75.00	\$65.00
Extractions:				
7111 - Single Tooth	No Charge	No Charge	No Charge	No Charge
7140 - Extraction, erupted tooth or exposed tooth	No Charge	No Charge	No Charge	No Charge
7210 - Surgical Extraction of erupted tooth	\$15.00	No Charge	\$15.00	No Charge
Periodontics: (gum treatment)				
4341 - Periodontal Scaling & Root Planning - per quadrant	\$40.00	\$40.00	\$40.00	\$40.00
4210 - Gingivectomy / Gingivoplasty - per quadrant	\$120.00	\$90.00	\$120.00	\$90.00
4910 - Periodontal Maintenance Procedures	\$25.00/ea (2/12 mo)	\$25.00	\$25.00	25% Discount
<b>TYPE III</b>				
Crown & Bridge				
2930 - Prefabricated Stainless Steel Primary Tooth	\$25.00	No Charge	\$25.00	No Charge
2791 - Crown Full Cast Predominately Base Metal	\$210.00	\$175.00	\$210.00*	\$175.00*
2750 - Crown Porcelain Fused to High Noble Metal	\$290.00	\$290.00	\$275.00 + Lab Fees	\$275.00 + Lab Fees
2751 - Crown Porcelain Fused to Base Metal	\$210.00	\$175.00	\$210.00	\$175.00
Pontics:				
6210 - Full Cast	25% Discount	25% Discount	25% Discount*	25% Discount
6240 - Porcelain Fused to Metal	25% Discount	25% Discount	25% Discount*	25% Discount
6750 - Crown Porcelain Fused to High Noble Metal	\$290.00	\$290.00	\$275.00 + Lab Fees	\$275.00 + Lab Fees
Prostodontics:				
5110 - Complete Upper	\$230.00	\$205.00	\$230.00	\$205.00
5120 - Complete Lower	\$230.00	\$205.00	\$230.00	\$205.00
5213/14 - Partial Upper/ or Lower - Cast Metal Base	\$245.00	\$240.00	\$275.00	\$240.00
<b>ORTHODONTIA</b>				
Consultation	25% Discount	No Charge	25% Discount	No Charge
Evaluation	25% Discount	No Charge, (D8660)	25% Discount	\$25.00
Records	25% Discount	\$250.00	25% Discount	\$200.00
Children - Normal Class II	25% Discount	\$1400.00	25% Discount	\$1400.00
Adult - Normal Class II	25% Discount	\$1950.00	25% Discount	\$1950.00
Retention	25% Discount	\$300.00 (D8680)	25% Discount	25% Discount
	Additional Costs: High Noble Metal fees capped at \$150 per crown. Porcelain fees capped at \$75 per crown.		Cost of High Noble Metal additional.	
	Self Referral Plan: The following co-payments apply only when services are performed by your selected SafeGuard dentist. If you choose to receive services from a SafeGuard contracted dentist whose practice is limited to specialty care (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that dentist's usual fee for those services	Direct Referral Plan: During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required	Humana OHS does not require prior authorization or referrals to seek treatment with a participating Humana OHS Specialist.	