

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan <ul style="list-style-type: none"> • Pays benefits only when you use network providers. • No deductible or annual maximum. • Most preventive care at no charge. You pay a fixed copayment for dental procedures listed on the copayment schedule. • Orthodontia: Covered for adults and children. 	4034	Cigna Prepaid Dental	\$22.81	\$44.94	\$53.59	\$68.46
	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43.54
	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive. • Orthodontia: Covered for adults and children (excluding Preventive PPO). 	4023	Ameritas Preventive	\$21.64	\$40.92	\$43.80	\$64.16
	4094	Humana Preventive	\$20.52	\$37.98	\$42.44	\$61.60
	4033	Metlife Preventive	\$18.32	\$33.86	\$37.84	\$54.94
	4022	Ameritas Standard	\$31.64	\$59.24	\$66.32	\$96.56
	4092	Humana Standard	\$30.64	\$56.70	\$63.36	\$91.98
	4032	Metlife Standard	\$36.24	\$67.04	\$74.90	\$108.76
Indemnity with PPO Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • Your cost is lower when you use a network dentist. • You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. • Orthodontia: Children only orthodontia covered by Sun Life. 	4074	Sun Life Indemnity	\$43.55	\$83.61	\$98.83	\$130.35
	4021	Ameritas Indemnity	\$47.24	\$87.64	\$99.80	\$144.08
	4090	Humana Indemnity	\$45.76	\$84.66	\$94.60	\$137.34
	4031	Metlife Indemnity	\$46.16	\$85.38	\$95.42	\$138.52
Indemnity Dental Plan <ul style="list-style-type: none"> • Receive care from any dentist. • You have a deductible to meet, and then you pay part of the cost for the services you receive. 	4084	Humana Schedule B	\$14.74	\$21.96	\$23.30	\$37.10