

Dental Plan Monthly Premiums

Type of Dental Plan	Plan Code	Plan Name	Monthly Premiums			
			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. You pay a fixed copayment for dental procedures listed on the copayment schedule. Orthodontia: Covered for adults and children. (Cigna & Sun Life only) A Primary Care general dentist must be selected prior to service. 	4034	<u>Cigna Prepaid Dental</u>	\$22.81	\$44.94	\$53.59	\$68.46
	4025	<u>Sun Life Prepaid Dental</u>	\$14.93	\$25.17	\$33.26	\$43.54
	4044	<u>Humana HD205 Prepaid Dental</u>	\$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 network dentists. You 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	<u>Ameritas Preventive</u>	\$21.64	\$40.92	\$43.80	\$64.16
	4094	<u>Humana Preventive</u>	\$20.52	\$37.98	\$42.44	\$61.60
	4033	<u>Metlife Preventive</u>	\$18.32	\$33.86	\$37.84	\$54.94
	4022	<u>Ameritas Standard</u>	\$31.64	\$59.24	\$66.32	\$96.56
	4092	<u>Humana Standard</u>	\$30.64	\$56.70	\$63.36	\$91.98
	4032	<u>Metlife Standard</u>	\$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 network dentists. You 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: Covered for adults and children (SunLife – dependents under 19 only). 	4074	<u>Sun Life Indemnity</u>	\$43.55	\$83.61	\$98.83	\$130.35
	4021	<u>Ameritas Indemnity</u>	\$47.24	\$87.64	\$99.80	\$144.08
	4090	<u>Humana Indemnity</u>	\$45.76	\$84.66	\$94.60	\$137.34
	4031	<u>Metlife Indemnity</u>	\$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 pay part of the cost for the services you receive. 	4084	<u>Humana Schedule B</u>	\$14.74	\$21.96	\$23.30	\$37.10