Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan • 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 • 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 • 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: Sun Life covers Children only orthodontia.	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 • 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