DENTAL PLAN MONTHLY PREMIUMS

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	$23.49	$46.29	$55.20	$70.51
	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 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	Ameritas Preventive	$22.04	$41.68	$44.62	$65.36
	4094	Humana Preventive	$21.54	$39.88	$44.56	$64.68
	4033	Metlife Preventive	$19.24	$35.56	$39.74	$57.70
	4022	Ameritas Standard	$32.22	$60.34	$67.56	$98.36
	4092	Humana Standard	$32.16	$59.54	$66.52	$96.58
	4032	Metlife Standard	$38.06	$70.40	$78.66	$114.20
Indemnity with PPO Dental Plan • 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 – children only).	4074	Sun Life Indemnity	$47.68	$91.54	$108.22	$142.74
	4021	Ameritas Indemnity	$48.12	$89.28	$101.66	$146.76
	4090	Humana Indemnity	$48.04	$88.88	$99.32	$144.20
	4031	Metlife Indemnity	$48.48	$89.66	$100.20	$145.46
Indemnity Dental Plan • Receive care from any dentist. • You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule B	$14.74	$21.96	$23.30	$37.10