

## 2021 Dental Plan Comparison (Active Employees)

	PPO	DMO
<b>Annual Deductible</b>		
Individual / 2 Person / Family	\$75 / \$150 / \$225	\$0
<b>Annual Benefit Maximum - Excludes Orthodontia Services</b>		
Per Covered Member	\$1,500	Unlimited
<b>Preventive Care</b>		
Routine Exam - 2 per calendar year	0%, no Deductible	0%
Topical Fluoride - 1 per calendar year	0%, no Deductible	0%
Bitewing Xrays	0%, no Deductible 2 per rolling 12 months	0% 2 per calendar year
Vertical Bitewing Xrays - 1 per 36 months	0%, no Deductible	0%
Panoramic or Full Mouth Xrays - 1 per 36 months	0%, no Deductible	0%
Sealants - once every three years	0%, no Deductible	0%
<b>Basic Services</b>		
Fillings	20% after Deductible	0%
Routine Extractions	20% after Deductible	0%
Root Canal	20% after Deductible	40% for Molars
Emergency Treatment	20% after Deductible	0%
<b>Major Services</b>		
Crowns	50% after Deductible	40%
Dentures	50% after Deductible	40%
Bridges	50% after Deductible	40%
Oral Surgery	20% after Deductible	40%
Anesthesia	50% after Deductible	40%
<b>Orthodontia Services</b>		
Service	50%	40%
Lifetime Maximum	\$2,000	Unlimited
<b>Insurance Carrier</b>		
Aetna - aetna.com; 800-872-3862		
<b>Employee Contributions</b>		
	<b>Bi-weekly and Monthly</b>	
You Only	\$8.52/\$18.46	\$5.90/\$12.79
You + Spouse	\$17.04/\$36.92	\$13.95/\$30.22
You + Child (ren)	\$19.17/\$41.54	\$15.69/\$34.00
You + Family	\$27.69/\$60.00	\$22.67/\$49.11

This chart contains a summary of your benefits. For a detailed description of your benefits, refer to your Summary Plan Description and Plan Documents. If there should be any differences between descriptions of benefits in this summary and the Plan Document, the Plan Document will govern.