|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Benefits | **Delta PMI Dental HMO** | **Bright Now! Newport Dental HMO** | **United Healthcare Dental HMO** | **Self Funded Plan 25**  |
| Preventative Services (such as exams, cleanings and x-ray) | 100% | 100% | 100% | 90% |
| Basic Services (such as root canals, fillings and oral surgery) | 100% | 100% | 100% | 70% |
| Major Services (such as crowns, bridges and dentures) | 100% | 100% | 100% | 65% |
| Deductible | None | None | None | None |
| Annual Maximum | None | None | None | $2,500 |
| Annual maximum for children under age 19 | None | None | None | None |
| Orthodontics | Start-up fees: $350Child to age 19 $1,600 maximumAdults $1,800 maximum | 70%$1,200maximum | * Start-up fees: $350
* Retainers: $150
* Treatment plan: $750 (covers up to 24 months)
* Additional charges after 24 months
 | 70%lifetime maximum $2,500 |

Note 1: If you select either Delta PMI, United Healthcare Dental or Bright Now! Newport Dental Plans you must use one of their participating providers or no benefit will be payable.

Note 2: If you select the Self Funded Plan you may see any dentist you choose. After the annual deductible is satisfied, the Plan will reimburse the usual, reasonable and customary covered dental expenses at the percentage listed.

Note 3: If you select the Delta PMI Plan there is an additional copayment for after hours office visits. In addition, there may be an additional cost for noble or high noble metals for fillings, crowns, bridges, or prosthetic devices.

**Note: This summary chart is provided to facilitate comparison only. Refer to the summary plan description and plan inserts for exclusions, limitations and exact terms. Each DMO contains exclusions and limitations not listed above. Each DMO’s group dental service contract and combined evidence of coverage must be consulted to determine the exact terms and conditions. DMO’s furnish these documents upon request.**