Sample Dental Comparison Chart

	BASE	HMO	BASIC	PPO	BUY-UP	PPO WITH ORTHODONTICS Children up to 19 yr.
	In-Network **DHMO**	**NO OUT OF NETWORK COVERAGE**	**In-Network** **Cigna DPPO—Radius**	**Out-Network** **Cigna Savings—Core**	**In-Network** **Cigna DPPO—Radius**	**Out-Network** **Cigna Savings—Core**
Premium	Employee $0.00 Family $14.11		Employee $27.42 Family $87.37	+Children $61.14 +Spouse $59.26	Employee $36.23 Family $110.26	+Children $77.88 +Spouse $75.56
Calendar Yr. Max (Class I, II, and III) (Class IV)	n/a		$1000 n/a	$1000 n/a	$2000 $2000 up to age 19	$2000 $2000 up to age 19
Annual Deductible Individual / Family	$0		$50 / $150	$50 / $150	$50 / $150	$50 / $150
Co-Pay	$5		$0	$0	$0	$0
Co-Insurance or Fee for Service **Class 1**—Preventative & Diagnostic Routine Cleanings Full Mouth & Bitewing X-rays Panoramic & Periapical X-rays Fluoride Application	**Member Pays** $0 $0 $0 $0		**District/Member** 100% / 0%	**District/Member** 100% / 0%	**District/Member** 100% / 0%	**District/Member** 100% / 0%
Co-Insurance **Class II**—Basic Restorative Care Sealant – per tooth Fillings Root Canal Therapy/Endodontics Oral Surgery—Simple Extractions Surgical Extractions / Impacted Teeth	**Member Pays** $17 $28-$33 $595 $64 $300		**District/Member** 80% / 20%	**District/Member** 80% / 20%	**District/Member** 90% / 10%	**District/Member** 90% / 10%
Co-Insurance **Class III**—Major Restorative Care Crowns Full Upper Denture	**Member Pays** $425 - $520 $675		**District/Member** 50% / 0%	**District/Member** 50% / 50%	**Plan/Member** 60% / 40%	**Plan/Member** 60% / 40%
Co-Insurance **Class IV**—Orthodontia	**Member Pays** Child $2474 per 24 months Adult $3384 per 24 months		**District/Member** 0% / 100%	**District/Member** 0% / 100%	**District/Member** 50% / 50% Child only	**District/Member** 50% / 50% Child only