

# 2019 Dental Plan Comparisons - State Employees

This outline is only an overview of dental benefits, limitations, and exclusions, and does not guarantee payment for services.

(I) = Individual

(I+C) = Individual + Child(ren)

(I+S) = Individual + Spouse

(F) = Family

	Uniform Dental	Select Plan	Select Plus Plan
<b>Monthly Payment (Premium)</b> Uniform Dental is added to your health insurance premium. Supplemental dental is a separate deduction.	\$3 (I) \$8 (F)	\$8.55 (I) \$11.54 (I+C) \$17.10 (I+S) \$20.52 (F)	\$16.19 (I) \$29.95 (I+C) \$32.38 (I+S) \$49.38 (F)
<b>In-Network Providers</b> No out-of-network coverage	Delta Dental PPO or Premier providers	Delta Dental PPO	Delta Dental PPO or Premier providers
<b>Annual Deductible</b>	None	\$100 / person	\$25 / person
<b>Annual Benefit Max</b>	\$1,000 / person	\$1,000 / person	\$2,500 / person
<b>Waiting Period</b>	None	None	None
<b>Diagnostic &amp; Preventive Services</b>			
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments	100%	No coverage	No coverage
<b>Basic Services</b>			
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal Maintenance	80%	No coverage	No coverage
<b>Major / Restorative Services</b>			
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
<b>Orthodontics</b>			
Coverage	50% (Under age 19)	No coverage	50% (Regardless of age)
Lifetime Maximum	\$1,500	No coverage	\$1,500 (in addition to Uniform Dental)