

COMPARISON BETWEEN DENTAL PLANS

(All Rates are effective **1 January 2018**)

AETNA DENTAL 2018				METLIFE DENTAL 2018			
MAXIMUM CALENDAR YEAR BENEFIT \$2500 PER PERSON				MAXIMUM CALENDAR YEAR BENEFIT \$1500 PER PERSON			
NON-PREFERRED DENTAL CARE IS SUBJECT TO REASONABLE AND CUSTOMARY CHARGES							
EE ONLY \$4.50	EE CHILD(REN) \$8.68	EE SPOUSE \$10.38	FAMILY \$13.76	EE ONLY \$2.93	EE CHILD(REN) \$7.85	EE SPOUSE \$8.49	FAMILY \$10.44
PREVENTIVE CARE 2 TIMES A YEAR			NO CO-PAY	PREVENTIVE CARE 2 TIMES A YEAR			NO CO-PAY
DEDUCTIBLES PER CALENDAR YEAR		\$100 INDIVIDUAL		DEDUCTIBLES PER CALENDAR YEAR		\$50 INDIVIDUAL	
		\$200 FAMILY OF 2					
		\$300 FAMILY OF 3 OR MORE				\$150 FAMILY	
BASIC CARE (FILLINGS, ROOT CANALS, EXTRACTIONS ETC.)			20%	BASIC CARE (FILLINGS, ROOT CANALS, EXTRACTIONS ETC)			20%
RESTORATIVE CARE (INLAYS, CROWNS, FIXED BRIDGEWORK ETC)			50%	RESTORATIVE CARE (INLAYS, CROWNS, FIXED BRIDGEWORK ETC)			50%
ORAL SURGERY PAID AT 100% OF FIRST \$1,000.00 THEN YOU PAY 20% NOT SUBJECT TO DEDUCTABLE				ORAL SURGERY			20%
TMJ TREATMENT 50%, NOT SUBJECT TO DEDUCTIBLE \$750 LIFETIME MAXIMUM PER PERSON (BASED ON CONTRACTED RATES)				TMJ TREATMENT 50%, NOT SUBJECT TO DEDUCTIBLE \$750 LIFETIME MAXIMUM PER PERSON (BASED ON CONTRACTED RATES)			
ORTHODONTIA FOR ADULTS & CHILDREN 50%, NOT SUBJECT TO DEDUCTABLE (BASED ON CONTRACTED RATES) \$2,000 LIFETIME MAXIMUM PER PERSON				ORTHODONTIAL FOR ADULTS & CHILDREN 50%, NOT SUBJECT TO DEDUCTABLE (BASED ON CONTRACTED RATES) \$2,000 LIFETIME MAXIMUM PER PERSON			
AETNA STAND ALONE DENTAL PLAN OFFERED SEPARATELY SEE PLAN BOOKLET FOR COVERAGE				EE ONLY	\$16.61	EE + CHILD(REN)	\$37.36
				EE + SPOUSE	\$33.21	FAMILY	\$53.97