

UAW Dental Insurance Comparison

January 1, 2022

In Network Services Covered	Delta Dental		
	Base Plan	Buy Up Plan	EPO Plan
Annual Deductible	No deductible		
Preventative			
Exams	100% covered	100% covered	100% covered
Cleaning	100% covered	100% covered	100% covered
Xrays	50% covered	100% covered	100% covered
Restorative			
Filling	50% covered	80% covered	\$31 - \$56 copay
Composite (Anterior only)	50% covered	80% covered	\$39 - \$72 copay
Composite (Posterior only)	50% covered	80% covered	\$45 - \$88 copay
Prosthetics			
Crowns	50% covered	50% covered	\$284 - \$345 copay
Bridges (per unit)	50% covered	50% covered	\$274 - \$313 copay
Dentures (each)	50% covered	50% covered	\$120 - \$432 copay
Partial (each)	50% covered	50% covered	\$25 - \$490 copay
Implants (crown and attachment)	50% covered	50% covered	No coverage
Oral Surgery			
Simple Extractions	50% covered	80% covered	\$29 - \$38 copay
Extraction Erupted Tooth	50% covered	80% covered	\$76 copay
Extraction Soft Tissue Impaction	50% covered	80% covered	\$92 copay
Extraction Partial Bony Impaction	50% covered	80% covered	\$125 copay
Extraction Complete Bony Impaction	50% covered	80% covered	\$146 - \$184 copay
Endodontics			
Root Canal (single)	50% covered	80% covered	\$201 - \$326 copay based on tooth type
Root Canal (double)	50% covered	80% covered	
Root Canal (Triple or more)	50% covered	80% covered	
Periodontics			
Gingivectomy	50% covered	80% covered	\$82 - \$159 copay
Osseous Surgery	50% covered	80% covered	\$188 - \$233 copay
Root Scaling	50% covered	80% covered	\$28 - \$72 copay
Orthodontics			
Child (up to age 19)	50% covered	50% covered	\$2,100 Copay
Adult (19 or older)	No coverage	50% covered	No coverage
Maximums			
Annual Maximum	\$1,000	\$1,500	n/a
Orthodontic Maximum	\$1,500 lifetime	\$1,500 lifetime	n/a
MONTHLY Rates			
Full Time	Base Plan	Buy Up Plan	EPO Plan
Caregiver Only	\$1.24	\$16.01	\$0.78
Two Person	\$4.80	\$32.34	\$3.17
Family	\$9.32	\$58.07	\$6.94
Part Time			
Caregiver Only	\$2.48	\$17.25	\$1.56
Two Person	\$25.67	\$53.21	\$17.62
Family	\$70.88	\$119.63	\$55.28
Monthly COBRA Rates			
Caregiver Only	\$25.27	\$40.33	\$15.94
Two Person	\$48.92	\$77.01	\$32.32
Family	\$95.03	\$144.76	\$70.74

This is a summary of *in-network* benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence.