MNA Home Care RN Dental Insurance Comparison January 1, 2024

| In Network Services Covered | Delta Dental | |
|---|------------------|------------------|
| | Base Plan | Buy Up Plan |
| Annual Deductible | No ded | luctible |
| Preventative | | |
| Exams | 100% covered | 100% covered |
| Cleaning | 100% covered | 100% covered |
| Xrays | 50% covered | 100% covered |
| Restorative | | |
| Filling | 50% covered | 80% covered |
| Composite (Anterior only) | 50% covered | 80% covered |
| Composite (Posterior only) | 50% covered | 80% covered |
| Prosthetics | | |
| Crowns | 50% covered | 50% covered |
| Bridges (per unit) | 50% covered | 50% covered |
| Dentures (each) | 50% covered | 50% covered |
| Partial (each) | 50% covered | 50% covered |
| Implants (crown and attachment) | 50% covered | 50% covered |
| Oral Surgery | 3070 60 461 64 | 3070 COVETCU |
| Simple Extractions | 50% covered | 80% covered |
| Extraction Erupted Tooth | 50% covered | 80% covered |
| Extraction Soft Tissue Impaction | 50% covered | 80% covered |
| · | 50% covered | 80% covered |
| Extraction Partial Bony Impaction | 50% covered | 80% covered |
| Extraction Complete Bony Impaction Endodontics | 30% covered | 80% covered |
| | 500/ | 000/ |
| Root Canal (single) | 50% covered | 80% covered |
| Root Canal (double) | 50% covered | 80% covered |
| Root Canal (Triple or more) | 50% covered | 80% covered |
| Periodontics | 500/ | I 000/ |
| Gingivectomy | 50% covered | 80% covered |
| Osseous Surgery | 50% covered | 80% covered |
| Root Scaling | 50% covered | 80% covered |
| Orthodontics | | T |
| Child (up to age 19) | 50% covered | 50% covered |
| Adult (19 or older) | No coverage | 50% covered |
| Maximums | | |
| Annual Maximum | \$1,000 | \$1,500 |
| Orthodontic Maximum | \$1,500 lifetime | \$1,500 lifetime |
| MONTHLY Rates | | |
| Full Time | Base Plan | Buy Up Plan |
| Caregiver Only | \$1.24 | \$16.03 |
| Two Person | \$4.83 | \$32.46 |
| Family | \$9.42 | \$59.01 |
| Part Time | | |
| Caregiver Only | \$2.48 | \$17.27 |
| Two Person | \$25.98 | \$53.61 |
| Family | \$71.86 | \$121.45 |
| Monthly COBRA Rates | · | |
| Caregiver Only | \$25.34 | \$40.42 |
| Two Person | \$49.31 | \$77.49 |
| Family | \$96.10 | \$146.69 |

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.