

## Non Union, IUE, SEIU, MNA HC-REHAB Dental Insurance Comparison January 1, 2024

In Network Services Covered	Delta Dental		
	Base Plan	Buy Up Plan	EPO Plan
Annual Deductible	No deductible		
<b>Preventative</b>			
Exams	100% covered	100% covered	100% covered
Cleaning	100% covered	100% covered	100% covered
Xrays	50% covered	100% covered	100% covered
<b>Restorative</b>			
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
<b>Prosthetics</b>			
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
<b>Oral Surgery</b>			
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
<b>Endodontics</b>			
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	
<b>Periodontics</b>			
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
<b>Orthodontics</b>			
Child (up to age 19)	50% covered	50% covered	\$2,100 Copay
Adult (19 or older)	No coverage	50% covered	No coverage
<b>Maximums</b>			
Annual Maximum	\$1,000	\$1,500	n/a
Orthodontic Maximum	\$1,500 lifetime	\$1,500 lifetime	n/a
<b>MONTHLY Rates</b>			
	<b>Base Plan</b>	<b>Buy Up Plan</b>	<b>EPO Plan</b>
<b>Full Time</b>			
Caregiver Only	\$1.24	\$16.03	\$0.78
Two Person	\$4.83	\$32.46	\$3.17
Family	\$9.42	\$59.01	\$6.94
<b>Part Time</b>			
Caregiver Only	\$2.48	\$17.27	\$1.56
Two Person	\$25.98	\$53.61	\$17.62
Family	\$71.86	\$121.45	\$55.28
<b>Monthly COBRA Rates</b>			
Caregiver Only	\$25.34	\$40.42	\$15.94
Two Person	\$49.31	\$77.49	\$32.32
Family	\$96.10	\$146.69	\$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.