DENTAL INSURANCE COMPARISON

MNA PECSH Supplemental Pool
January 1, 2025

In Network Services Covered	Delta Dental	
	Silver (Base) Plan	Gold (Buy Up) Plan
Annual Deductible	No deductible	
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		
Simple Extractions	50% covered	80% covered
Extraction Erupted Tooth	50% covered	80% covered
Extraction Soft Tissue Impaction	50% covered	80% covered
Extraction Partial Bony Impaction	50% covered	80% covered
Extraction Complete Bony Impaction	50% covered	80% covered
Endodontics		
Root Canal (single)	50% covered	80% covered
Root Canal (double)	50% covered	80% covered
Root Canal (Triple or more)	50% covered	80% covered
Periodontics		
Gingivectomy	50% covered	80% covered
Osseous Surgery	50% covered	80% covered
Root Scaling	50% covered	80% covered
Orthodontics		
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		
All Levels	**Silver (Base) Plan**	**Gold (Buy Up) Plan**
Team Member Only	$31.68	$49.61
Two Person	$57.77	$91.90
Family	$107.15	$164.51
COBRA Rates		
Team Member Only	$32.31	$50.60
Two Person	$58.93	$93.74
Family	$109.29	$167.80

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.