

DENTAL INSURANCE COMPARISON

UAW, SEIU RN
January 1, 2025



In Network Services Covered	Delta Dental		
	Bronze (EPO) Plan	Silver (Base) Plan	Gold (Buy Up) Plan
Annual Deductible	No deductible		
Preventative			
Exams	100% covered	100% covered	100% covered
Cleaning	100% covered	100% covered	100% covered
Xrays	100% covered	100% covered	100% covered
Restorative			
Filling	\$31 - \$56 copay	50% covered	80% covered
Composite (Anterior only)	\$39 - \$72 copay	50% covered	80% covered
Composite (Posterior only)	\$45 - \$88 copay	50% covered	80% covered
Prosthetics			
Crowns	\$284 - \$345 copay	50% covered	80% covered
Bridges (per unit)	\$274 - \$313 copay	50% covered	80% covered
Dentures (each)	\$120 - \$432 copay	50% covered	80% covered
Partial (each)	\$25 - \$490 copay	50% covered	80% covered
Implants (crown and attachment)	No coverage	50% covered	80% covered
Oral Surgery			
Simple Extractions	\$29 - \$38 copay	50% covered	80% covered
Extraction Erupted Tooth	\$76 copay	50% covered	80% covered
Extraction Soft Tissue Impaction	\$92 copay	50% covered	80% covered
Extraction Partial Bony Impaction	\$125 copay	50% covered	80% covered
Extraction Complete Bony Impaction	\$146 - \$184 copay	50% covered	80% covered
Endodontics			
Root Canal (single)	\$201 - \$326 copay based on tooth type	50% covered	80% covered
Root Canal (double)		50% covered	80% covered
Root Canal (Triple or more)		50% covered	80% covered
Periodontics			
Gingivectomy	\$82 - \$159 copay	50% covered	80% covered
Osseous Surgery	\$188 - \$233 copay	50% covered	80% covered
Root Scaling	\$28 - \$72 copay	50% covered	80% covered
Orthodontics			
Child (up to age 19)	\$2,100 Copay	50% covered	50% covered
Adult (19 or older)	No coverage	No coverage	50% covered
Maximums			
Annual Maximum	n/a	\$1,000	\$1,500
Orthodontic Maximum	n/a	\$1,500 lifetime	\$1,500 lifetime
Monthly Rates			
Full Time	Bronze (EPO) Plan	Silver (Base) Plan	Gold (Buy Up) Plan
Team Member Only	\$0.95	\$1.58	\$2.48
Two Person	\$3.51	\$5.78	\$9.19
Family	\$7.28	\$10.72	\$16.45
Part Time			
Team Member Only	\$1.91	\$3.17	\$4.96
Two Person	\$17.97	\$29.26	\$47.25
Family	\$55.63	\$78.64	\$119.86
COBRA Rates			
Team Member Only	\$19.45	\$32.31	\$50.60
Two Person	\$35.83	\$58.93	\$93.74
Family	\$74.25	\$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.