

Dental Options - Honey Creek Community School

Period: 10/01/2014 to 09/30/2015

CARRIER Benefit Plan Class of Service	Current Plan		Option 1		Option 2	
	SunLife PPO Plan	Guardian Life Network Access Plan (PX) Option 1	Guardian Life EHB (E053) Option 1	Delta Dental PPO Premier & Out-of-Network	Delta Dental High Pediatric Dental Premier & Out-of-Network	
I. Preventive	In-Network 100% Out-of-Network 100%	In-Network 100% Out-of-Network 100%	EHB Pediatric 90% 70% 40%	In-Network 100% Out-of-Network 80% 50%	In-Network 100% Out-of-Network 80% 50%	
II. Basic	80%	80%	Not covered	80%	65%	
III. Major	50%	50%	Not covered	50%	50%	
IV. Orthodontia	Not covered	PPO discounts apply	Not covered	Not covered	Not covered	
Deductible	\$50 single / \$150 family (waived for preventive service)	\$50 single / \$150 family (waived for preventive service)	\$100 per child (waived for preventive service)	\$50 single / \$150 family (waived for preventive service)	None	
Annual Maximum	\$1,000 per person	\$1,000 per person	None	\$1,000 per person	None	
Annual Out-of-Pocket Max.	N/A	N/A	\$700 per pediatric member, \$1,400 for 2 or more pediatric members.	N/A	\$700 per pediatric member, \$1,400 for 2 or more pediatric members.	
Endodontics & Periodontics	Covered as Basic	Covered as Basic	Covered as Major	Covered as Basic	Covered as Basic	
Waiting Period	None	None	None	None	None	
Network	United Concordia Alliance 90th %	DentalGuard Preferred 90th %	DentalGuard Preferred Negotiated Fee Schedule	Delta Dental Premier Negotiated Fee Schedule	Delta Dental Premier Negotiated Fee Schedule	
Reasonable & Customary (Out of Network)						
Contribution	Contributory	Contributory	Contributory	Contributory	Contributory	
Participation	75% of eligibles	80% of eligible employees	80% of eligible employees	75% of eligibles	75% of eligible employees	