

# DENTAL PLAN COMPARISON

FY2010 (July 1, 2009 – June 30, 2010)



BENEFIT	DENTAL CARE PLUS BASIC OPTION	DENTAL CARE PLUS HIGH OPTION
Out-of-Network Benefits	No	No
Annual Deductible (January 1 – December 31)	\$50 Single \$150 Family	\$50 Single \$150 Family
Annual Benefit Maximum (January 1 – December 31)	\$750 per covered person	\$1,000 per covered person
Balanced Billing	No	No
<b>PROFESSIONAL SERVICES – Your Co-Pay or Co-Insurance Amount</b>		
Preventative Care	None	None
Basic Services	Deductible, then 50%	Deductible, then 20%
Major Services	Deductible, then 50%	Deductible, then 40%
Orthodontia	50% up to lifetime maximum benefit of \$750 per covered dependent child	40% up to lifetime maximum benefit of \$1,000 per covered dependent child

*Dental Care Plus Out-of-Area Traditional plan with no network restriction available to those that qualify. Benefits are at same level and cost as the Dental Care Plus High Option plan. Contact Employee Benefits for additional information.*

BENEFIT	HUMANA-COMP BEN ADVANTAGE	HUMANA-COMP BEN ELITE CHOICE
Out-of-Network Benefits	No	No
Annual Deductible (January 1 – December 31)	N/A	\$50 Single \$150 Family
Annual Benefit Maximum (January 1 – December 31)	N/A	\$1,000 per covered person
Balanced Billing	No	Yes
<b>PROFESSIONAL SERVICES – Your Co-Pay or Co-Insurance Amount</b>		
Preventative Care	See Co-Pay Schedule	None
Basic Services	See Co-Pay Schedule	Deductible, then 20%
Major Services	See Co-Pay Schedule	NOT COVERED
Orthodontia	See Co-Pay Schedule Covers dependent children and adults	NOT COVERED

- › **Balanced Billing:** If you are subject to balanced billing you will be 100% responsible for any charges considered above reasonable and customary for the service performed.
- › **Basic Benefits:** Generally includes services such as fillings (amalgams) and simple extractions. Root canals covered as basic under Dental Care Plus plans.
- › **Major Restorative:** Generally includes services such as crowns, bridges, dentures. Root canals covered as major under Humana-CompBenefits Advantage plan. Humana-CompBenefits Elite Choice plan does not cover major services.
- › **Preventative Benefits:** Generally includes two oral exams, two cleanings, and two bitewing x-rays per 12 month period.
- › **Reasonable and Customary:** The reasonable and customary charge for a service is based upon the usual fee charged for the service by most dentists in a geographic area.

*This document is intended provide an overview of common services only. Please refer to the applicable Summary Plan Description for more detailed coverage information. Summary Plan Descriptions are available for download on the Employee Benefits Resource Center on CenterLink or you may contact Employee Benefits to request a printed copy.*