



RETIRED DENTAL PLAN DESIGN PLAN YEAR 2022

HA-1127-0921

Explore Your Benefits

DENTAL PLAN COMPARISON		
	DENTAL EXPENSE PLAN*	DENTAL PLAN ORGANIZATION (DPO)
Deductible	\$50 per person, but not more than \$150 total; waived for Preventive Care	None
Coinsurance	See "Retiree Dental Expense Plan Reimbursement Tiers"	Plan pays 100% (less copayment) 100% Diagnostic and Preventive
Copayments	None	Varies depending on service
Benefits Maximum	\$1,500 per person	No limit
Provider Limitations	Can use any licensed provider, must use dentist who participates in the Dental Expense Plan	Must use DPO-participating dentist
Selected Services	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Some services listed below are covered subject to co-payments as shown below
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%**	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-Rays	Covered subject to limitations; Plan pays 100%**	Covered subject to limitations; Plan pays 100%
Cleanings (Oral Prophylaxis)	Two cleanings per calendar year; Plan pays 100%**	Two cleanings per calendar year; Plan pays 100%
Fluoride	Covered only for children under age 19 twice per calendar year; Plan pays 100%**	Covered only for children under age 19 twice per calendar year; Plan pays 100%
Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%**	Covered only for children under age 19; No copayment (with limitations)
Routine Fillings	Plan pays 70%**	Covered copayments may apply; \$15–\$70
Simple Extraction	Plan pays 70%**	Covered after copayment of \$35
Crowns	Plan pays at 50%**	Covered after copayment of \$225–\$340
Root Canal (Endodontics)	Plan pays 70%**	Endodontic Therapy covered after copayment of \$150–\$265
Dentures	Repair of existing dentures covered at 70%;** New or replacement dentures covered at 50%	Covered after copayment of \$55–\$455 (with limitations)
Oral Surgery for Removal of Impacted Tooth	Plan pays 70%;** Considered under the medical plan first then dental will consider	Covered under copayment of \$80–\$100
Periodontics	Plan pays 50%** (with limitations)	Covered after copayment of: \$90 for gingivectomy (one to three teeth), \$70 for root planing (per quadrant) \$150–\$265
<p><i>*In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances when using out-of-network providers.</i></p> <p><i>**Coinsurance listed is for Tier 3.</i></p>		