



2018 DENTAL Insurance ~ CHECK OUT THE **NEW PLANS!!**

6 Dental plans available All 6 plans offer		3 CONTRIBUTORY PLANS 75% Participation Required			3 VOLUNTARY PLANS Minimum participation of 1 employee		
Coverage Category	Covered Services	Contributory Plan 1	Contributory Plan 2	NEW 2018 Contributory Plan 3	Voluntary Option 1	Voluntary Option 2	NEW 2018 Voluntary Option 3
Coverage A:	Diagnostic & Preventive Evaluations, X-rays, Oral cancer screenings, Routine cleanings, Fluoride treatments, Space maintainers, Sealants	100%	100%	100%	100%	100%	100%
Coverage B:	Basic Restorative NEW – COMPOSITE FILLINGS Anterior & Posterior, Surgical and routine extractions, Root canals, Periodontal Cleanings, Treatment of gum disease, Denture repair, Emergency palliative treatment	80%	50%	70%	80% After a 6 month waiting period**	60% After a 6 month waiting period**	70% After a 6 month waiting period**
Coverage C:	Major Restorative Bridges, Onlays, Dentures, Implants, Crowns	50% After a 6 month waiting period*	50% After a 6 month waiting period*	50% After a 6 month waiting period*	50% After a 12 month waiting period**	50% After a 12 month waiting period**	50% After a 12 month waiting period**
Coverage B and C combined deductible per person/family:		\$50/\$150 Annually	\$50/\$150 Annually	\$25/\$75 Annually	\$100/\$300 LIFETIME	\$75/\$225 LIFETIME	\$75/\$225 LIFETIME
Coverage A-B-C combined maximum per person/ calendar year:		\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
Coverage D: Orthodontics	Orthodontics Correction of Malposed (crooked) teeth for Adults & Children to age 19	NOT COVERED	NOT COVERED	NOT COVERED	50% up to a Lifetime Maximum of \$1,000 per person After a 24 month waiting period**	NOT COVERED	50% up to a Lifetime Maximum of \$1,500 per person After a 24 month waiting period**
NETWORK OPTIONS		PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier
DoubleUp Maximum – allows accumulation of up to \$250 in additional annual benefits for use in future coverage periods		INCLUDED			INCLUDED		
Monthly Rates *** ***Include MMTA EBP Admin Fee \$1.20 Single/\$2.40 2ormore ** ,***: Waiting Period Waived for New Groups with similar Prior Group Dental Coverage	Single Two Person More Than 2	Contributory *** Plan 1 \$35.55 \$88.33 \$88.33	Contributory*** Plan 2 \$27.00 \$66.39 \$66.39	Contributory*** Plan 3 \$33.21 \$81.81 \$81.81	Voluntary*** Option 1 \$44.94 \$76.58 \$128.59	Voluntary*** Option 2 \$39.12 \$65.68 \$103.04	Voluntary*** Option 3 \$43.68 \$74.47 \$124.62

