dencap
DENTAL PLANS

PPO COMPARISON

Dental Only

Plan Name	Preferred 1000	Preferred 1250	Preferred 1800	Prestige 1250	Prestige 1800
General Maximum	$1,000	$1,250	$1,800	$1,250	$1,800
Deductible (Individual/Family)	$50 / $100	$50 / $100	$50 / $100	$50 / $100	$50 / $100
Waiting Periods	NONE	NONE	NONE	NONE	NONE
Diagnostic, Preventive, X-Rays	100%	100%	100%	100%	100%
Fillings	50%	80%	80%	80%	80%
Root Canals, Periodontics, Oral Surgery, Crowns	50%	50%	50%	80%	80%
Dentures and Partials	50%	50%	50%	50%	50%
Single	$29.26	$32.57	$33.59	$34.64	$35.74
Couple	$57.35	$63.97	$65.99	$68.05	$70.20
Family	$113.00	$125.74	$129.70	$133.76	$137.98

With Optional Cosmetic Coverage

Cosmetic $1,000 Maximum for Orthodontics (1X) lifetime; implants and other cosmetic coverage at 50% under general maximum.

Plan Name	Preferred 1000	Preferred 1250	Preferred 1800	Prestige 1250	Prestige 1800
Single	$31.28	$34.59	$35.61	$36.66	$37.76
Couple	$66.39	$73.01	$75.03	$77.09	$79.24
Family	$129.54	$142.28	$146.24	$150.30	$154.52

With Optional Vision Coverage through Superior Vision

Eye exams every 12 months and frames every 24 months. $10 exam co-pay.

Plan Name	Preferred 1000	Preferred 1250	Preferred 1800	Prestige 1250	Prestige 1800
Single	$35.76	$39.07	$40.09	$41.14	$42.24
Couple	$68.70	$75.32	$77.34	$79.40	$81.55
Family	$131.80	$144.54	$148.50	$152.56	$156.78

With Optional Vision Coverage through Superior Vision AND Optional Cosmetic Coverage

Cosmetic $1,000 Maximum for Orthodontics (1X) lifetime; implants and other cosmetic coverage at 50% under general maximum.
Eye exams every 12 months and frames every 24 months. $10 exam co-pay.

Plan Name	Preferred 1000	Preferred 1250	Preferred 1800	Prestige 1250	Prestige 1800
Single	$37.78	$41.09	$42.11	$43.16	$44.26
Couple	$77.74	$84.36	$86.38	$88.44	$90.59
Family	$148.34	$161.08	$165.04	$169.10	$173.32

For PPO only groups, minimum of 5 subscribers; for dual enrolled groups, a minimum of 10 with any combination of DHMO/PPO plans.