

Dental Insurance

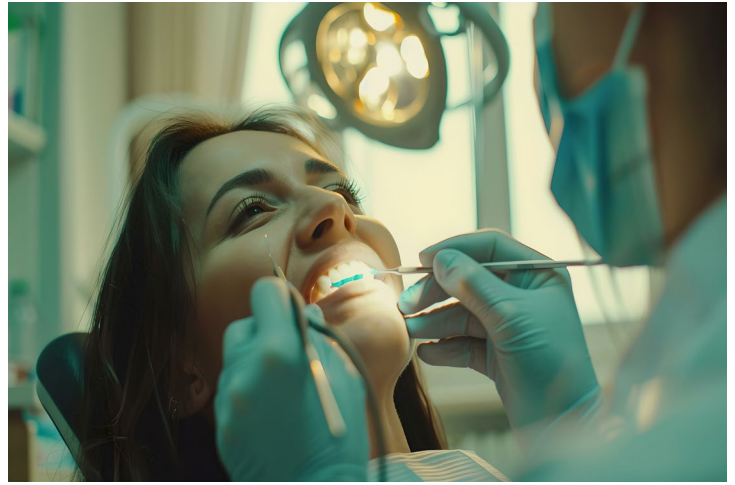
The State Group Insurance Program offers dental insurance plans to eligible employees on a pretax basis. You pay the full premium. The State does not contribute. You may continue dental through COBRA upon the termination of employment, including retirement, or convert other plans by calling the insurance company directly.

Dental Plans

Take control of your total health. Review the dental plan options carefully. Some have limited networks and pay only for services performed by network dental care providers. Some provide in- and out-of-network benefits. Be sure the plan you select has plenty of dentists in your area who are accepting new patients. You cannot change dental plans because you do not like the dentists or because your dentist leaves the network.

Dental Plans Comparison Chart				
	Prepaid Dental (DHMO)	Dental Preferred Provider Organization (DPPO)	Dental Indemnity with a DPPO Network Plan	Indemnity Plan
Definition	Must use only network dental providers. No coverage for out-of-network services.	May use any dental provider, but you pay less when using network dental providers.	May use any dental provider, but pay discounted rates when using network dental providers.	May use any dental provider, but you pay first and then get reimbursed a set fee (scheduled amount) for covered services.
Choice of Providers	Network only.	In-or-out of network.	In-or-out of network.	Any you choose.
Preventive Care (no deductible)	No charge for most preventive services.	No charge in network; you pay 20% of costs for out-of-network.	You pay cost above set dollar amount.	You pay cost above set dollar amount.
Deductible	No.	Yes, for basic and major care.	Yes, for basic and major care.	Yes, for basic and major care.
Basic and Major Care	You pay set copays or a percentage of the cost.	You pay a percentage of the cost for the Standard plan. However, for the Preventive plan you will pay the full negotiated rate for major care.	You pay the cost above a set dollar amount or a percentage of the cost.	You pay the cost above a set dollar amount.
Calendar Year Maximum	No.	Yes.	Yes.	Yes.
You Should Know	Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels.	You pay all charges above the annual maximum each calendar year. Thus, your costs will be higher if you see an out-of-network dental provider.		You pay all charges above the annual maximum each calendar year. Dentist fees are not negotiated by insurer and dentists may charge any amount they choose per procedure.
People First Plan Code and Plan Name	4025 Sun Life Prepaid 225 4034 Cigna Dental 4044 Humana HD205	4022 Ameritas Standard PPO 4023 Ameritas Preventive PPO 4032 MetLife Standard PPO 4033 MetLife Preventive PPO 4092 Humana Standard PPO 4094 Humana Preventive PPO	4021 Ameritas Indemnity w/PPO 4031 MetLife Indemnity w/PPO 4074 Sun Life Indemnity PPO 4090 Humana Indemnity PPO	4084 Humana Indemnity w/PPO

Dental Plan Monthly Premiums



Monthly Premiums

Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan <ul style="list-style-type: none"> Pays benefits only when you use network providers. No deductible or annual maximum. Most preventive care at no charge. You pay a fixed copayment for dental procedures listed on the copayment schedule. Orthodontia: Covered for adults and children. 	4034	<u>Cigna Prepaid Dental</u>	\$22.81	\$44.94	\$53.59	\$68.46
	4025	<u>Sun Life Prepaid Dental</u>	\$14.93	\$25.17	\$33.26	\$43.54
	4044	<u>Humana HD205 Prepaid Dental</u>	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan <ul style="list-style-type: none"> Receive care from any dentist. Your cost is lower when you use network dentists. You have an annual deductible to meet before the plan starts paying benefits and then you pay part of the cost for the services you receive. Orthodontia: Covered for adults and children (excluding Preventive PPO) 	4023	<u>Ameritas Preventive</u>	\$21.64	\$40.92	\$43.80	\$64.16
	4094	<u>Humana Preventive</u>	\$20.52	\$37.98	\$42.44	\$61.60
	4033	<u>Metlife Preventive</u>	\$18.32	\$33.86	\$37.84	\$54.94
	4022	<u>Ameritas Standard</u>	\$31.64	\$59.24	\$66.32	\$96.56
	4092	<u>Humana Standard</u>	\$30.64	\$56.70	\$63.36	\$91.98
	4032	<u>Metlife Standard</u>	\$36.24	\$67.04	\$74.90	\$108.76
Indemnity with PPO Dental Plan <ul style="list-style-type: none"> Receive care from any dentist. Your cost is lower when you use network dentists. You have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive. Orthodontia: Covered for children only. 	4074	<u>Sun Life Indemnity</u>	\$43.55	\$83.61	\$98.83	\$130.35
	4021	<u>Ameritas Indemnity</u>	\$47.24	\$87.64	\$99.80	\$144.08
	4090	<u>Humana Indemnity</u>	\$45.76	\$84.66	\$94.60	\$137.34
	4031	<u>Metlife Indemnity</u>	\$46.16	\$85.38	\$95.42	\$138.52
Indemnity Dental Plan <ul style="list-style-type: none"> Receive care from any dentist. You have a deductible to meet and then pay part of the cost for the services you receive. 	4084	<u>Humana Schedule B</u>	\$14.74	\$21.96	\$23.30	\$37.10