

## Dental **INDIVIDUAL**

### Benefit and Rate Sheet for 2025 Effective Dates

HMO Available in CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX<sup>1</sup>

PPO Available in all states, except CA<sup>2</sup>

Individual and Family Plans

Choose One:					
Plan Name	HMO 4H G0073G	PPO 1500 MAC W/ORTHO DT F00601		PPO 2500 UCR W/ORTHO DT F0059A	
Network	HMO	PPO DentalGuard Preferred IN NETWORK	OUT OF NETWORK	PPO DentalGuard Preferred IN NETWORK	OUT OF NETWORK
Deductible					
Individual	N/A	\$50	\$50	\$50	\$50
Family	N/A	3 per family	3 per family	3 per family	3 per family
Waived for Preventive	N/A	Yes	Yes	Yes	Yes
Annual Max Benefit	N/A	\$1500	\$1500	\$2500	\$2500
Orthodontic Lifetime Max	1 treatment per member	\$1000	\$1000	\$2000	\$2000
Dental Benefit					
<b>Preventive Services</b>	\$5 copay	100%	100%	100%	100%
Cleaning Allowances	1st and 2nd = \$0 copay	Once every 6 months	Once every 6 months	Once every 6 months	Once every 6 months
<b>Basic Services</b>	See copay schedule	80%	80%	80%	80%
Endodontic	\$12 - \$380	Major Services 50%	Major Services 50%	Major Services 50%	Major Services 50%
Periodontal	\$25 - \$380	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%	Basic Services 80% Major Services 50%
Oral Surgery	\$12 - \$255	Major Services 50%	Major Services 50%	Major Services 50%	Major Services 50%
<b>Major Services</b>	See copay schedule	50%	50%	50%	50%
Prosthodontics	\$23 - \$575	50%	50%	50%	50%
Implants	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>
Missing Tooth Clause	No <sup>4</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>
Major Service Waiting Period	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	HMO Copay Schedule	In/Out = Negotiated Fee	In/Out = Negotiated Fee	In = Contracted Fee Out = 80th UCR	In = Contracted Fee Out = 80th UCR
Orthodontic Benefit					
Orthodontics	You pay a copay for each covered benefit: Child to age 19: \$1895 Adult: \$2195	50%	50%	50%	50%
Orthodontics Available To	Adult or Child	Adult or Child	Adult or Child	Adult or Child	Adult or Child
Orthodontic Waiting Period	N/A	N/A	N/A	N/A	N/A
Monthly Rates					
Member Only	\$17.87	\$60.16	\$69.67	\$69.67	\$69.67
Member + Spouse/DP	\$31.96	\$116.07	\$134.66	\$134.66	\$134.66
Member + 1 Child	\$31.96	\$116.07	\$134.66	\$134.66	\$134.66
Member + Children	\$51.88	\$152.52	\$248.07	\$248.07	\$248.07
Member + Family	\$51.88	\$152.52	\$248.07	\$248.07	\$248.07
Rate Guarantee	1 year	1 year	1 year	1 year	1 year
Monthly Admin Fee	\$5.00				

<sup>1</sup> HMO member must reside in CO, FL, IL, IN, MI, MO, NY, NJ, OH, or TX. Dependents must also reside in CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX.

<sup>2</sup> PPO member may reside in any state except CA. Dependents can reside in any state.

<sup>3</sup> Some limitations. See Evidence of Coverage.

<sup>4</sup> Some limitations. See Evidence of Coverage.

<sup>5</sup> Not covered.