

Benefit Comparison

	Assurant Prepaid	Delta Dental PPO	
	General Dentist	In-Network	Out-of-Network
Annual Deductible	None	None	\$100 per person/\$300 family, per policy year
Annual Maximum Benefit	None ¹	\$1,000 per person, per policy year	
Preexisting Conditions	Covered	Some exclusions	
Office Visit	\$10 copay	100% of MAC	80% of MAC
Periodic Oral Evaluation	No charge	100% of MAC	80% of MAC
Routine Cleaning Adult	\$10 copay	100% of MAC	80% of MAC
X-ray – Intraoral, Complete Series	\$10 copay	80% of MAC	60% of MAC
Amalgam (silver Filling) – 2 Surfaces Permanent	\$30 copay	80% of MAC	60% of MAC
Endodontics – Root Canal Therapy Molar (excluding final restoration)	\$295 copay ²	50% of MAC	
Major Restorations – Crowns (porcelain fused to high noble metal)	\$295 copay ³	50% of MAC ⁵	
Extraction of Erupted Tooth (minor oral surgery)	\$25 copay	80% of MAC	60% of MAC
Removal of Impacted Tooth – Complete Bony (complex oral surgery)	\$165 copay ⁴	50% of MAC	
Dentures – Complete Upper	\$385 copay ³	50% of MAC ⁵	
Orthodontics	25% off participating orthodontist's usual fees	50% of MAC	
• Annual Deductible	None	None	
• Lifetime Maximum	None	\$1,250 ⁶	
• Waiting Period	None	12 months	
• Age Limit	None	Up to age 19	

MAC – Maximum Allowable Charge

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

¹ There is no annual maximum benefit for services obtained from participating plan dentists. For services from a non-plan specialist, there is a \$2,000 annual maximum benefit.

² If service is performed by an SBA specialist, the copayment is \$395. If service is performed by a non-SBA specialist, a 15% reduction in the Endodontists normal retail charges will apply. If service is performed by a non-plan specialist, member may receive a reimbursement up to \$405 from the plan.

³ Members are responsible for additional lab fees for these services.

⁴ If service is performed by an SBA specialist, the copayment is \$200. If service is performed by a non-SBA specialist, a 25% reduction in the oral surgeon's normal retail charges will apply. If service is performed by a non-plan specialist, member may receive a reimbursement up to \$130 from the plan.

⁵ A 12-month waiting period applies.

⁶ If an individual had coverage through another dental plan company they may also have had a lifetime maximum for orthodontia. The orthodontia maximum is a lifetime benefits, which means, if an individual enrolls under the PPO, the benefit amount will not start over again. The benefits for orthodontia under the

PPO would be adjusted based on the benefits a member may have received previously through another dental plan.