Dental Plan Options
for Medicare and Non-Medicare Eligible Retirees

Benefits	Blue Cross Dental Plan	Delta Dental High Plan	Delta Dental Low Plan	DENCAP Dental (DHMO) $10 Office Visit Co-Pay
Maximum annual amount	$1,500 per member	$1,000 per member	$800 per member	$3,300 per member $2,500 Primary Care Maximum $800 Specialty Care Maximum
Diagnostic				
Oral examinations	Twice per year: 100% In-network 50% Out-of-network	Twice per year 100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	Twice per year 100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	Twice Per Year 100%*
Emergency treatment for pain	100% In-network 50% Out-of-network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 50% Out-of-network Dentist	50%* up to $100
X-rays	100% In-network 50% Out-of-network Limitations depending on type of x-ray	100% PPO Dentist 100% Premier Dentist 100% Out-of-network * Limitations depending on type of x-ray	100% PPO Dentist 100% Premier Dentist 75% Out-of-network * Limitations depending on type of x-ray	100%8
Prophylaxis – teeth cleaning	Twice per year: 100% In-network 50% Out-of-network	Twice per year 100% PPO Dentist 100% Premium Dentist 100% Out-of-network Dentist	Twice per year 100% PPO Dentist 100% Premium Dentist 75% Out-of-network Dentist	Twice Per 12 Months
Fluoride application	Twice per year: 100% In-network 50% Out-of-network	Twice per year 100% PPO Dentist 100% Premium Dentist 100% Out-of-network Dentist	Twice per year 100% PPO Dentist 100% Premium Dentist 75% Out-of-network Dentist	Twice Per 12 Months
Space maintainers	18 and Younger: Twice per quadrant: 100% In-network 50% Out-of-network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	up to age 19: 100%
Restorative				
Fillings: amalgam, composite	80% In-network 50% Out-of-network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*
Crowns: porcelains or metal	50% In-network 50% Out-of-network	50% PPO Dentist 50% Premier Dentist 50% Out-of-Network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-Network Dentist	80%*
Root canal therapy	80% In-network 50% Out-of-network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*
Periodontics				
Treatment for gum disease of the mouth	80% In-network 50% Out-of-network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	80%* if performed at a general dentist

*PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

Benefits	Blue Cross Dental Plan	Delta Dental High Plan	Delta Dental Low Plan	DENCAP Dental (DHMO) $10 Office Visit Co-Pay
Oral Surgery				
Extractions – simple and surgical	80% In-network 50% Out-of-network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%* if performed at general dentist
Prosthodontics				
Complete dentures	50% In-network 50% Out-of-network	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*
Partial dentures – chrome acrylic	50% In-network 50% Out-of-network	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	80%*
Bridges	50% In-network 50% Out-of-network	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	75%*
Orthodontics				
Orthodontics – teeth straightening	50% In-network 50% Out-of-network	Up to age 19 50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	Up to age 19 50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	$1,800 up to age 19 $1,200 over age 19 per member
Orthodontics – lifetime maximum	$1,500 per member	$1,000 per member	$800 per member	$1,800 up to age 19 $1,200 over age 19 per member
Specialty Care				
		Special health care needs may be eligible for additional services	Special health care needs may be eligible for additional services	50%*
Service Provider				
	If you receive care from a nonparticipating dentist, you may be billed for the difference between the approved amount and the dentist charge.	If you receive care from a nonparticipating dentist, you may be billed for the difference between the approved amount and the dentist charge.	If you receive care from a nonparticipating dentist, you may be billed for the difference between the approved amount and the dentist charge.	Must use a provider in the DENCAP Dental Plan Network
Service area	Nationwide plan	Nationwide plan	Nationwide plan	Michigan

*PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of benefits and Fixed Co-Pays.