

## COMPARISON OF BENEFITS FOR DENTAL PLANS

Allowable Amounts Apply for All Benefits	BCBSOK – BlueCare Dental High Plan	BCBSOK – BlueCare Dental Low Plan
<b>Annual Deductible</b>	<p>Network: \$25 individual/\$75 family</p> <p>Basic and Major services combined</p> <p>Non-network: \$25 individual/\$75 family</p> <p>Preventive, basic and major services combined plus amounts above allowable fees</p>	<p>Network: \$50 individual/\$150 family</p> <p>Basic and Major services combined</p> <p>Non-network: \$50 individual/\$150 family</p> <p>Preventive, basic and major services combined plus amounts above allowable fees</p>
<b>Diagnostic and Preventive Care (cleanings, routine oral exams)</b>	<p>Network: 0%</p> <p>Non-network: 0% after charges above the allowable amounts</p>	<p>Network: 0%</p> <p>Non-network: 0% after maximum allowed charge</p>
<b>Basic Care (extractions, oral surgery)</b>	<p>Network: 15% in-network after deductible</p> <p>Non-network: 30% after deductible and charges above the allowable amounts</p>	<p>Network: 15% in-network after deductible</p> <p>Non-network: 30% after deductible and maximum allowed charge</p>

**Bold text** indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan. Refer to the Contact Information at the end of this guide.

Allowable Amounts Apply for All Benefits	Cigna Prepaid High (K1I09)	Cigna Prepaid Low (OKIV9)
<b>Annual Deductible</b>	No deductible \$0 office copay applies	No deductible \$5 office copay applies
<b>Diagnostic and Preventive Care (cleanings, routine oral exams)</b>	<p>There is a \$0 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule K1I09)</p> <p>Example services/copays:            Sealant per tooth: \$12 copay            Routine cleaning (two per calendar year): No charge            Topical Fluoride Application (up to age 18): No charge            Periodic Oral Evaluations: No charge</p>	<p>There is a \$5 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule OKIV9)</p> <p>Example services/copays:            Sealant per tooth: \$17 copay            Routine cleaning (two per calendar year): No charge            Topical Fluoride Application (up to age 18): No charge            Periodic Oral Evaluations: No charge</p>
<b>Basic Care (extractions, oral surgery)</b>	<p>There is a \$0 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule K1I09)</p> <p>Example service/copay:            Amalgam – one surface, permanent teeth: \$0 copay</p>	<p>There is a \$5 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule OKIV9)</p> <p>Example service/copay:            Amalgam – one surface, permanent teeth: \$23 copay</p>

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Allowable Amounts Apply for All Benefits	Delta Dental PPO	Delta Dental PPO – Choice	HealthChoice Dental
<b>Annual Deductible</b>	Network and non-network: \$25 per person, per year. Applies to Basic and Major services only	Network and non-network: \$100 per person per year. Applies to only Major Restorative (Level 4) services	Network: \$25 individual \$75 family Basic and major services combined Non-network: \$25 individual \$75 family Preventive, basic and major services combined Separate network and non-network deductibles A family is three or more covered individuals
<b>Diagnostic and Preventive Care (cleanings, routine oral exams)</b>	Network and non-network: Member pays 0% of allowable amounts No deductible or copayments Routine Cleanings, Oral Evaluations and X-rays are considered Diagnostic and Preventive (Level 1) services No waiting periods	Network and non-network: Member pays copayments for all tiers of service (Levels 1-5) based on a fee table No deductible Routine Cleanings, Oral Evaluations and X-rays are considered Diagnostic and Preventive (Level 1) services No waiting periods	Network: You pay \$0 Non-network: You pay \$0 after deductible plus charges above the allowable amounts
<b>Basic Care (extractions, oral surgery)</b>	Network and non-network: Member pays 15% of allowable amounts. Deductible applies Endodontics, Periodontics and Oral Surgery are considered Basic services No waiting periods	Network and non-network: Member pays copayments for Basic (Levels 2 and 3) services as outlined in the fee table No deductible Endodontics, Periodontics and Oral Surgery are considered Basic services No waiting periods	Network: You pay 15% after deductible Non-network: You pay 30% after deductible plus charges above the allowable amounts

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Allowable Amounts Apply for All Benefits	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
<b>Annual Deductible</b>	Member pays Network and non-network: \$25 individual/\$75 family Basic and Major Care combined	Member pays Network and non-network: \$50 individual/\$150 family Basic and Major Care combined	\$30 per person, waived for network preventive services
<b>Diagnostic and Preventive Care (cleanings, routine oral exams)</b>	Member pays Network: \$0 Non-network: Amounts above maximum allowed charge	Member pays Network: \$0 Non-network: Amounts above maximum allowed charge	Network: Plan pays 100% of allowable amounts. No deductible  Non-network: Plan pays 100% of usual and customary after deductible  <b>Preventive Rewards: Earn rollover dollars toward your future annual maximum by receiving preventive care</b>  Refer to <i>Plan Year Maximum</i> section for details
<b>Basic Care (extractions, oral surgery)</b>	Member pays Network: 15% Non-network: 15% plus amounts above maximum allowed charge Deductible applies	Member pays Network: 30% Non-network: 30% plus amounts above maximum allowed charge Deductible applies	Network: Plan pays 85% of allowable amounts after deductible  Non-network: Plan pays 70% of usual and customary after deductible

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Allowable Amounts Apply for All Benefits	BCBSOK – BlueCare Dental High Plan	BCBSOK – BlueCare Dental Low Plan
<b>Major Care (dentures, bridge work)</b>	Network: 40% after deductible Non-network: 50% after deductible and charges above the allowable amounts	Network: 50% after deductible Non-network: 50% after deductible and maximum allowed charge
<b>Orthodontic Care</b>	Network: 50%. Deductible waived Non-network: 50% after charges above the allowable amounts \$5,000 Lifetime maximum Dependents covered up to age 19 No waiting period for orthodontic benefits	Network: 50%. Deductible waived Non-network: 50% after maximum allowed charge \$1,500 Lifetime maximum Dependents covered up to age 19 No waiting period for orthodontic benefits
<b>Plan Year Maximum</b>	\$2,500	\$1,500
<b>Filing Claims</b>	Network: No claims to file Non-network: You may file claims; provider may file claims	Network: No claims to file Non-network: You may file claims; provider may file claims

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Allowable Amounts Apply for All Benefits	Cigna Prepaid High (K1I09)	Cigna Prepaid Low (OKIV9)
<b>Major Care (dentures, bridge work)</b>	<p>There is a \$0 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule K1I09)</p> <p>Example Services/Copays:            Root Canal, Anterior: \$210 copay            Periodontal Scaling/Root planning            One to three teeth (per quadrant): \$42 copay</p>	<p>There is a \$5 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule OKIV9)</p> <p>Example Services/Copays:            Root Canal, Anterior: \$375 copay            Periodontal Scaling/Root planning            One to three teeth (per quadrant): \$75 copay</p>
<b>Orthodontic Care</b>	<p>There is a \$0 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule K1I09)</p> <p>\$2,040 out-of-pocket child            \$2,376 out-of-pocket adult (24-month treatment)</p> <p>Excludes orthodontic treatment plan and banding            No waiting period for orthodontic benefits</p>	<p>There is a \$5 office visit fee (per patient, per office visit in addition to any other applicable patient charge as described in the patient charge schedule OKIV9)</p> <p>\$2,472 out-of-pocket child            \$3,384 out-of-pocket adult (24-month treatment)</p> <p>Excludes orthodontic treatment plan and banding            No waiting period for orthodontic benefits</p>
<b>Plan Year Maximum</b>	<p>Plan year maximum is unlimited            No plan year dollar maximum</p>	<p>Plan year maximum is unlimited            No plan year dollar maximum</p>
<b>Filing Claims</b>	<p>There is no applicable copayment schedule for the Cigna Dental Prepaid K1I09 plan. The plan is based on a fee schedule. If you receive care from a Network Specialty Dentist, you are responsible to pay for that care. You are entitled to pay at the Contract Fees negotiated by Cigna Dental rather than the Network Specialty Dentists' usual fees. No claim filing is necessary; the network provider will bill you based on the agreed-upon fee schedule</p>	<p>There is no applicable copayment schedule for the Cigna Dental Prepaid OKIV9 plan. The plan is based on a fee schedule. If you receive care from a Network Specialty Dentist, you are responsible to pay for that care. You are entitled to pay at the Contract Fees negotiated by Cigna Dental rather than the Network Specialty Dentists' usual fees. No claim filing is necessary; the network provider will bill you based on the agreed-upon fee schedule</p>

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Allowable Amounts Apply for All Benefits	Delta Dental PPO	Delta Dental PPO – Choice	HealthChoice Dental
<b>Major Care (dentures, bridge work)</b>	<p>Network and non-network: Member pays 40% of allowable amounts. Deductible applies. Restorations, Prosthodontics, and Implants are considered Major services. No waiting periods.</p>	<p>Network and non-network: Member pays on a service-by-service basis with copayments for all tiers of service (Levels 1-5) as outlined in the fee table. Deductible applies. Restorations, Prosthodontics, and Implants are considered Major services. No waiting periods.</p>	<p>Network: You pay 40% after deductible Non-network: You pay 50% after deductible plus charges above the allowable amounts.</p>
<b>Orthodontic Care</b>	<p>Network and non-network: Plan pays 60% of allowable amounts up to \$2,000 lifetime maximum per person. Orthodontic benefits are available to eligible employees, spouses and dependent children. No deductible. No waiting periods.</p>	<p>Network and non-network: Plan pays up to the \$1,800 lifetime maximum per person. Member pays copayments for Orthodontic (Level 5) services as outlined in the fee table. Orthodontic benefits are available to eligible employees, spouses and dependent children. No deductible. No waiting periods.</p>	<p>Network: You pay 50% of allowable amounts; no deductible applies Non-network: You pay 50% of the allowable amounts, plus charges above the allowable amounts; no deductible applies Covered for members under age 19 Covered for treatment of TMD at any age No lifetime maximum 12-month waiting period for orthodontic benefits (some exceptions apply)</p>
<b>Plan Year Maximum</b>	<p>Network and non-network: \$2,500 per person per year for Diagnostic, Preventive, Basic and Major (Levels 1, 2, 3 and 4) services.</p>	<p>Network and non-network: \$2,000 per person per year for Diagnostic, Preventive, Basic and Major (Levels 1, 2, 3 and 4) services.</p>	<p>Network and non-network: \$2,500 per person per calendar year You are responsible for all charges billed by provider after plan year maximum is met.</p>
<b>Filing Claims</b>	<p>Network: Network dentists are required to submit claims on behalf of the member. Non-network: Members must submit claims to receive reimbursement for treatment if the dentist does not submit the claims on their behalf.</p>	<p>Network: Network dentists are required to submit claims on behalf of the member. Non-network: Members must submit claims to receive reimbursement for treatment if the dentist does not submit the claims on their behalf.</p>	<p>Network: No claims to file. Non-network: You file claims. (Timely filing limitations apply.)</p>

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Allowable Amounts Apply for All Benefits	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
<b>Major Care (dentures, bridge work)</b>	Member pays Network: 40% Non-network: 40% plus amounts above maximum allowed charge Deductible applies	Member pays Network: 50% Non-network: 50% plus amounts above maximum allowed charge Deductible applies	Network: Plan pays 60% of allowable amounts after deductible Non-network: Plan pays 50% of usual and customary after deductible
<b>Orthodontic Care</b>	Member pays Network: 40% Non-network: 40% plus amounts above maximum allowed charge Network and non-network: \$5,000 lifetime maximum per person No waiting period	Member pays Network: 50% Non-network: 50% plus amounts above maximum allowed charge Network and non-network: \$2,000 lifetime maximum per person No waiting period	Network: Plan pays 60% Non-network: Plan pays 50% up to lifetime maximum of \$1,500 for dependents under age 19 12-month waiting period applies
<b>Plan Year Maximum</b>	Network and non-network: \$5,000 per person, per year	Network and non-network: \$1,500 per person, per year	\$1,750 per person, per policy year <b>Preventive Rewards: Members can earn up to \$1,250 in additional benefits for future years by receiving preventive dental care. The amount paid for preventive services each year (up to \$1,250) rolls over and adds to the annual maximum. These additional dollars may be used for any covered services (excluding orthodontia)</b>
<b>Filing Claims</b>	Network and non-network: Claims are filed for all services performed. Most claims are submitted by dentists on behalf of the member	Network and non-network: Claims are filed for all services performed. Most claims are submitted by dentists on behalf of the member	Network and non-network: Member or provider must file claims, depending on the provider

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