COMPARISON OF BENEFITS FOR DENTAL PLANS

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

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 back of this guide.

Allowable Amounts Apply for All Benefits	Cigna Prepaid High (K1I09)	Cigna Prepaid Low (OKIV9)
Annual Deductible	No deductible $0 office copay	No deductible $5 office copay
Diagnostic and Preventive Care (cleanings, routine oral exams)	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) Example services/copays: Sealant per tooth: $12 copay Routine cleaning (once every 6 months): No charge Topical Fluoride Application (up to age 18): No charge Periodic Oral Evaluations: No charge	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) Example services/copays: Sealant per tooth: $17 copay Routine cleaning (once every 6 months): No charge Topical Fluoride Application (up to age 18): No charge Periodic Oral Evaluations: No charge
Basic Care (extractions, oral surgery)	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) Example service/copay: Amalgam – one surface, permanent teeth: $0 copay	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) Example service/copay: Amalgam – one surface, permanent teeth: $23 copay

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Allowable Amounts Apply for All Benefits	Delta Dental PPO	Delta Dental PPO – Choice	HealthChoice Dental
Annual Deductible	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 3 or more covered individuals.
Diagnostic and Preventive Care (cleanings, routine oral exams)	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
Basic Care (extractions, oral surgery)	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
Annual Deductible	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
Diagnostic and Preventive Care (cleanings, routine oral exams)	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
Basic Care (extractions, oral surgery)	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
Major Care (dentures, bridge work)	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
Orthodontic Care	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
Plan Year Maximum	$2,500	$1,500
Filing Claims	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)
Major Care (dentures, bridge work)	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) Example Services/Copays: Root Canal, Anterior: $210 copay Periodontal Scaling/Root planning 1-3 teeth (per quadrant): $42 copay	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) Example Services/Copays: Root Canal, Anterior: $375 copay Periodontal Scaling/Root planning 1-3 teeth (per quadrant): $75 copay
Orthodontic Care	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) $2,040 out-of-pocket child $2,376 out-of-pocket adult (24-month treatment) Excludes orthodontic treatment plan and banding No waiting period for orthodontic benefits	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) $2,472 out-of-pocket child $3,384 out-of-pocket adult (24-month treatment) Excludes orthodontic treatment plan and banding No waiting period for orthodontic benefits
Plan Year Maximum	Plan year maximum is unlimited No plan year dollar maximum	Plan year maximum is unlimited No plan year dollar maximum
Filing Claims	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.	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.

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Allowable Amounts Apply for All Benefits	Delta Dental PPO	Delta Dental PPO – Choice	HealthChoice Dental
Major Care (dentures, bridge work)	Network and non-network: Member pays 40% of allowable amounts. Deductible applies. Restorations, Prosthodontics, and Implants are considered Major services. No waiting periods.	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.	Network: You pay 40% after deductible Non-network: You pay 50% after deductible plus charges above the allowable amounts.
Orthodontic Care	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 and are paid in periodic or monthly intervals. No deductible. No waiting periods.	Network and non-network: Plan pays up to the $1,800 lifetime maximum per person. Orthodontic (Level 5) services are paid in periodic or monthly intervals and copayments are based on a fee table. Orthodontic benefits are available to eligible employees, spouses and dependent children. No deductible. No waiting periods.	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)
Plan Year Maximum	Network and non-network: $2,500 per person per year for Diagnostic, Preventive, Basic and Major (Levels 1, 2, 3 and 4) services.	Network and non-network: $2,000 per person per year for Diagnostic, Preventive, Basic and Major (Levels 1, 2, 3 and 4) services.	Network and non-network: $2,500 per person You are responsible for all charges billed by provider after plan year maximum is met.
Filing Claims	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.	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.	Network: No claims to file. Non-network: You file claims.

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Allowable Amounts Apply for All Benefits	MetLife High Classic MAC	MetLife Low Classic MAC	Sun Life Preferred Active PPO
Major Care (dentures, bridge work)	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
Orthodontic Care	Member pays Network: 40% Non-network: 40% plus amounts above maximum allowed charge $5,000 lifetime maximum per person	Member pays Network: 50% Non-network: 50% plus amounts above maximum allowed charge $2,000 lifetime maximum per person	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
Plan Year Maximum	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
Filing Claims	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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