



Plan Name	Dental, Vision, Hearing			Dental, Vision, Hearing					PPO	Exclusive PPO	PPO Bright Smiles	Premier 1000	Dental PPO	Kids Dental PPO	Prev Plus PPO	Core PPO	Preferred PPO	Pinnacle PPO	Flex	Flex Plus	PrimeStar Value	PrimeStar Access	PrimeStar Total													
Network (click to search)	No Network			No Network					Delta Dental PPO				Delta Dental Premier		PPQ						Ameritas															
Plan Brochure (click to view)	Brochure			Brochure					Brochure				Brochure						Brochure																	
Annual Benefit Maximum (age 19+)	\$1,000	\$1,500	\$3,000	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$1,000	\$1,500	None	\$1,000	\$1,000	\$1,500	None	\$750/\$1000	\$1,200	\$1500/\$3000	\$1200/\$2500/\$5000	\$1000/\$2000	\$1500/\$2500	\$750	\$1000/\$2000	\$2000/\$2500												
Deductible	\$100/person			\$100/person					\$0				\$50/\$150						\$0			\$100/person - Lifetime						\$0 on Preventive, \$50 all other								
Preventive (In-Network)	Year 1: 60% Year 2: 70% Year 3+: 80%			100%					Under 19: 100% Adults: 75%	100%	100%	100%	100%	100%						Year 1: 90% Year 2: 100%	100%	100%														
Basic (In-Network)	Year 1: 60% Year 2: 70% Year 3+: 80%			Year 1: 65% Year 2+: 80%					Under 19: 25% Adults: 60%	70%	25%	20%	80%						50%	Year 1: 50% Year 2: 60% Year 3+: 80%	Year 1: 65% Year 2: 70% Year 3: 80%	Year 1: 50% Year 2: 80%	Year 1: 65% Year 2+: 80%	Year 1: 80% Year 2+: 90%												
Major (In-Network)	Year 1: 0% Year 2: 70% Year 3+: 80%			Year 1: 20% Year 2+: 50% Implants: \$1,500 lifetime maximum					Under 19: 25% Adults: 50%	50%	25%	50%	50%						20%	Year 1: 25% Year 2+: 50%	Year 1: 20% Year 2+: 50%	Year 1: 25% Year 2: 30% Year 3+: 60%	Year 1: 15% Year 2: 40% Year 3+: 50%	Year 1: 20% Year 2: 40% Year 3+: 50%	Year 1: 0% Year 2+: 15%	Year 1: 20% Year 2+: 50%	Year 1: 20% Year 2+: 50%									
Orthodontia	Not Covered			Year 1: 0% Year 2+ 50% (\$1,500 lifetime max)					Under 19: 25% Adults: N/A	Under 19: 50% Adults: N/A	25%	Not covered	Not Covered						Not covered	Under age 19 \$1,200 lifetime max Year 1: 10% Year 2: 25% Year 3: 50%	Not covered	Under age 19 \$1,200 lifetime max Year 1: 10% Year 2: 25% Year 3: 50%	Not covered	Not Covered	Under age 19 \$1,000 lifetime max Year 1: 15% Year 2: 50%	Not Covered										
Out of Pocket Pediatric Maximum (ages 0-18)	N/A			N/A					\$400/child, \$800/family (In-network only)				N/A	\$375/child, \$750/family (In-network only)						N/A																
Deductible (Out of Network)	Same as in-network  Plan payments based on Usual, Customary and Reasonable charges			Same as in-network					\$0	Not Covered	50% No balance billing for Delta Dental Premier only	Same as in network but can be subject to balance billing	\$0	\$50/person, \$150/family						PPO Plans pay based on contracted fees (Maximum Allowable Charges, MAB)						Based on contracted fee (MAC), so will pay what to 8 out of 10 dentists pay in the area						Covered at the same co-insurance as In-Network but based on maximum allowable benefit.				
Preventive (Out of Network)									80%				80%						Covered at the same co-insurance as In-Network but based on maximum allowable benefit.																	
Basic (Out of Network)									80% after deductible				80% after deductible						Covered at the same co-insurance as In-Network but based on maximum allowable benefit.																	
Major (Out of Network)									50% after deductible				50% after deductible						Covered at the same co-insurance as In-Network but based on maximum allowable benefit.																	
Waiting Period (ages 19+) Preventive Services	None			None for dental Vision covered after 6 months Hearing covered after 12 months					None				None						None						None											
Waiting Period: (ages 19+) Basic Services	None								6 months *				None	6 months all ages*	6 months*	None	None						None						None							
Waiting Period: (ages 19+) Major Services	12 months								12 months*				None	12 months all ages*	12 months*	None	None						None						12 months							
Important Notes, PLEASE READ	This is a reimbursement policy.  Children can only enroll as dependents. See brochure for family rates.  Additional discounts if you use a dentist in the Careington Maximum Care PPO network.			Vision covered at 65% Year 1, 80% Year 2+ Includes eye exams, glasses and contact lenses.  Hearing covered 80% up to \$500 Year 2+ Includes hearing exams and aids.					*Waiting periods may be waived with proof of prior dental coverage. See brochure for full details.				*Waiting periods may be waived with proof of prior dental coverage.						Preferred PPO also covers hearing exams and hearing aids. It covers \$75 per year for hearing exams and 50% of hearing aids cost up to the max benefits. Max hearing aid benefit per year: Year 1: \$200 Year 2: \$300 Year 3: \$400  Implants covered on all plans except Flex Plans						Preventive procedures are not deducted from plan's annual maximum benefit.  Teeth whitening is included as a Major Benefit on the PrimeStar Plan.  Annual hearing exam benefit paid up to \$75 for PrimeStar Total.  Primestar total hearing aid benefit per ear: Year 1: \$200, Year 2: \$300, Year 3: \$400											
Age	Manhattan Life			Aetna					Moda		Moda (Kids)	PacificSource		PacificSource (Kids)		Spirit						Ameritas PrimeStar														
0 - 17	N/A	N/A	N/A	N/A					\$37	\$41	\$37	\$37	\$37	\$37	\$37	N/A						N/A														
18				\$57.05	\$58.32	\$59.32	\$60.10	\$60.68	\$37	\$41	\$37	\$37	\$37	\$37	\$37	Individual \$22.12	Individual \$37.95	Individual \$47.19	Individual \$51.07	Individual \$42.35	Individual \$60.18	Individual \$21.65	Individual \$46.52	Individual \$55.52												
19 - 24									\$27	\$29		\$34	\$39	\$44	Indiv + 1 \$44.42	Inviv + 1 \$77.95	Indiv + 1 \$94.08	Indiv + 1 \$104.19	Indiv + 1 \$86.50	Indiv + 1 \$120.36	Individual + child \$50.86	Indiv + child \$93.05	Indiv + child \$113.68													
25 - 29	\$30.25	\$40	\$48.17						\$29	\$31		\$37	\$44	\$50	Family \$70.79	Family \$130.08	Family \$149.66	Family \$172.07	Family \$138.40	Family \$192.58	Family \$69.28	Family \$157.11	Family \$176.31													
30 - 34				Age 25: \$57.05	Age 25: \$58.32	Age 25: \$59.32	Age 25: \$60.10	Age 25: \$60.68	\$32	\$34		\$41	\$48	\$54																						
35 - 39									\$33	\$35		\$42	\$52	\$59																						
40 - 44									\$34	\$36	N/A	\$43	\$57	\$64																						
45 - 49	\$32.75	\$42.33	\$52.25						\$37	\$39		\$47	\$58	\$65																						
50 - 54									\$40	\$43		\$52	\$61	\$68																						
55 - 59	\$35.08	\$46.00	\$59.58	Age 26-50: \$59.5	Age 25-50: \$63.46	Age 26-50: \$66.59	Age 25-50: \$69	Age 26-50: \$70.84	\$44	\$47		\$57	\$64	\$72																						
60 - 64				Age 71+: \$69.61	Age 71+: \$74.85	Age 71+: \$78.73	Age 71+: \$81.73	Age 71+: \$84.02	\$47	\$50		\$61	\$72																							
65 - 74	\$37.58	\$49.67	\$64.42																																	
75 - 85	\$43.17	\$57.08	\$74.08	\$69.51	\$74.85	\$78.73	\$81.73	\$84.02																												
	Enroll Direct			Call us to Enroll					Enroll Direct				Enroll Direct		Enroll Direct						Enroll Direct															

This sheet is a simplified plan comparison. Refer to plan summaries for complete plan benefits. Please note that percentages shows are what the plan pays.