



# RETIRED DENTAL PLAN DESIGN PLAN YEAR 2024

DENTAL PLAN COMPARISON		
	DENTAL EXPENSE PLAN*	DENTAL PLAN ORGANIZATION (DPO)
<b>Deductible</b>	\$50 per person, but not more than \$150 total; waived for Preventive Care	None
<b>Coinsurance</b>	See "Retiree Dental Expense Plan Reimbursement Tiers"	Plan pays 100% (less copayment) 100% Diagnostic and Preventive
<b>Copayments</b>	None	Varies depending on service
<b>Benefits Maximum</b>	\$1,500 per person	No limit
<b>Provider Limitations</b>	Can use any licensed provider, must use dentist who participates in the Dental Expense Plan	Must use DPO-participating dentist
<b>Selected Services</b>	<b>Some services listed below may be covered subject to deductibles and coinsurance as shown above</b>	<b>Some services listed below are covered subject to co-payments as shown below</b>
<b>Examinations</b>	Oral evaluations limited to twice per calendar year; Plan pays 100%**	Oral evaluations limited to twice per calendar year; Plan pays 100%
<b>X-Rays</b>	Covered subject to limitations; Plan pays 100%**	Covered subject to limitations; Plan pays 100%
<b>Cleanings (Oral Prophylaxis)</b>	Two cleanings per calendar year; Plan pays 100%**	Two cleanings per calendar year; Plan pays 100%
<b>Fluoride</b>	Covered only for children under age 19 twice per calendar year; Plan pays 100%**	Covered only for children under age 19 twice per calendar year; Plan pays 100%
<b>Tooth Sealants</b>	Covered for children under age 19 (with restrictions); Plan pays 100%**	Covered only for children under age 19; No copayment (with limitations)
<b>Routine Fillings</b>	Plan pays 70%**	Covered copayments may apply; \$15–\$70
<b>Simple Extraction</b>	Plan pays 70%**	Covered after copayment of \$35
<b>Crowns</b>	Plan pays at 50%**	Covered after copayment of \$225–\$340
<b>Root Canal (Endodontics)</b>	Plan pays 70%**	Endodontic Therapy covered after copayment of \$150–\$265
<b>Dentures</b>	Repair of existing dentures covered at 70%;** New or replacement dentures covered at 50%	Covered after copayment of \$55–\$455 (with limitations)
<b>Oral Surgery for Removal of Impacted Tooth</b>	Plan pays 70%;** Considered under the medical plan first then dental will consider	Covered under copayment of \$80–\$100
<b>Periodontics</b>	Plan pays 50%** (with limitations)	Covered after copayment of: \$90 for gingivectomy (one to three teeth), \$70 for root planing (per quadrant) \$150–\$265
<p>*In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances when using out-of-network providers.  **Coinsurance listed is for Tier 3.</p>		