

City of Coral Gables



RFP # 2019-020

Group Dental Insurance

Appendix A

Benefit Review

	Requested Benefits		Cigna	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover WellnessPlus Progression	\$2,000 per member includes \$350 Rollover WellnessPlus Progression
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	Based on contracted Fee	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting periods for timely entrants.	No waiting periods for timely entrants.

	Requested Benefits		Cigna	
	Low Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 WellnessPlus progression	\$1,500 per member includes \$250 WellnessPlus progression
Class I (Preventive/Diagnostic)	100%	80%	100%	80%
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)
Class III (Major Services)	50%	40%	50%	40%
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	Based on Contracted Fees	80 th Percentile
Benefit Waiting Period for Major	12 months*	12 months*	None	No waiting periods for timely entrants

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

This document is intended for comparative purposes only and is not to replace information contained in the submitted proposals. In the event of a discrepancy, the submitted proposal will prevail.

	Requested Benefits		Florida Combined	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Florida Combined	
	Low Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover
Class I (Preventive/Diagnostic)	100%	80%	100%	80%
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)
Class III (Major Services)	50%	40%	50%	40%
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	In-Network Fee Schedule	80 th Percentile
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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	Requested Benefits		Humana	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 with extended annual maximum	\$2,000 with extended annual maximum
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	Maximum Allowable Fee
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	None	None

	Requested Benefits		Humana	
	Low Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 with extended annual maximum	\$1,500 with extended annual maximum
Class I (Preventive/Diagnostic)	100%	80%	100%	80%
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)
Class III (Major Services)	50%	40%	50%	40%
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	In-Network Fee Schedule	Maximum Allowable Fee
Benefit Waiting Period for Major	12 months*	12 months*	None	None

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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MetLife is offering a Triple Option Alternate of a High & Low DPPO along with a Low Option DHMO

	Requested Benefits		MetLife	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,250 per member includes (rollover not quoted)	\$2,250 per member includes (rollover not quoted)
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting period	No waiting period

	Requested Benefits		MetLife		MetLife	
	Low Option DPPO		Low Option DPPO		Low Option DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	None	In Network Only
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,750 per member includes (rollover not quoted)	\$1,750 per member includes (rollover not quoted)	None	In Network Only
Class I (Preventive/Diagnostic)	100%	80%	100%	80%	\$0 Copay (2 cleanings per calendar year)	In Network Only
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)	(D3310) Anterior root canal \$100 (D4341) Periodontal scaling & root planning Per quad (\$50)	In Network Only
Class III (Major Services)	50%	40%	50%	40%	(D2750) Crown- Porcelain fused to high noble metal \$245	In Network Only
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only
Reimbursement	In-Network Fee Schedule	80 th Percentile	In-Network Fee Schedule	80 th Percentile	Copay fee schedule	In Network Only
Benefit Waiting Period for Major	12 months*	12 months*	No waiting period	No waiting period	None	In Network Only

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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	Requested Benefits		Solstice	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member rollover not included	\$2,000 per member rollover not included
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Solstice	
	Low Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member rollover not included	\$1,500 per member includes rollover not included
Class I (Preventive/Diagnostic)	100%	80%	100%	80%
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)
Class III (Major Services)	50%	40%	50%	40%
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	In-Network Fee Schedule	80 th Percentile
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*

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	Requested Benefits		Standard	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$400 Rollover	\$2,000 per member includes \$400 Rollover
Class I (Preventive/Diagnostic)	100%	100%	100%	100%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Standard	
	Low Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover
Class I (Preventive/Diagnostic)	100%	80%	100%	80%
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	80% (endo and perio)	60% (endo and perio)
Class III (Major Services)	50%	40%	50%	40%
Class IV (Orthodontia)	Not Covered	Not Covered	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	In-Network Fee Schedule	80 th Percentile
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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	Requested benefits		Cigna	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
			<i>Alternate</i>	
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member	\$2,000 per member
Class I (Preventive/Diagnostic)	100%	100%	80%	70%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	70% (endo and perio)
Class III (Major Services)	50%	50%	50%	40%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	Not Covered	Not Covered
Reimbursement	In-Network Fee Schedule	90 th Percentile	Based on contracted Fee	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting periods for timely entrants.	No waiting periods for timely entrants.

	Requested Benefits		Cigna	
	Low Option DPPO		Low Option DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	None	Not covered
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	None	Not covered
Class I (Preventive/Diagnostic)	100%	80%	\$0 Copay (2 cleanings per calendar year)	Not covered
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	(D3310) Anterior root canal \$80 (D4341) Periodontal scaling & root planning Per quad (\$40)	Not covered
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelain fused to high noble metal \$185	Not covered
Class IV (Orthodontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1344	Not covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	Copay fee schedule	Not covered
Benefit Waiting Period for Major	12 months*	12 months*	None	Not covered

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	Requested benefits		Florida Combined	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Current Plan			
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member	\$2,000 per member
Class I (Preventive/Diagnostic)	100%	100%	80%	70%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	70% (endo and perio)
Class III (Major Services)	50%	50%	50%	40%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	Not Covered	Not covered
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Florida Combined	
	Low Option DPPO		Low Option DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Current Plan			
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	None	Not covered
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	None	Not covered
Class I (Preventive/Diagnostic)	100%	80%	\$0 Copay (2 cleanings per calendar year)	Not covered
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	(D3310) Anterior root canal \$100 (D4341) Periodontal scaling & root planning Per quad (\$50)	Not covered
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelain fused to high noble metal \$280	Not covered
Class IV (Orthodontia)	Not Covered	Not Covered	(D8670) Ortho 24-month treatment child \$1800	Not covered
Reimbursement	In-Network Fee Schedule	80 th Percentile	Copay fee schedule	Not covered
Benefit Waiting Period for Major	12 months*	12 months*	None	Not covered

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Humana is offering an Alternate of an High & Low DPPO along with a Low Option DHMO.

	Requested benefits		Humana		Humana	
	High Option DPPO		High Option DPPO		Low Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member + extended annual max	\$2,000 per member + extended annual max	\$1,000 per member + extended annual max	\$1,000 per member + extended annual max
Class I (Preventive/Diagnostic)	100%	100%	100%	100%	100%	80%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	50% (endo and perio)
Class III (Major Services)	50%	50%	50%	50%	50%	50%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (children)	50%, \$1,000 lifetime max (Children)
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	Max allowable	In-Network Fee Schedule	In-Network Fee Schedule
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Humana	
	Low Option DPPO		Low Option DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	None	In Network Only
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	None	In Network Only
Class I (Preventive/Diagnostic)	100%	80%	\$0 Copay (2 cleanings per calendar year)	In Network Only
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	(D3310) Anterior root canal \$100 (D4341) Periodontal scaling & root planning Per quad (\$50)	In Network Only
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelain fused to high noble metal \$245	In Network Only
Class IV (Orthodontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only
Reimbursement	In-Network Fee Schedule	80 th Percentile	Copay fee schedule	In Network Only
Benefit Waiting Period for Major	12 months*	12 months*	None	In Network Only

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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	Requested benefits		MetLife	
	High Option DPPO		High Option DPPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)
Annual Benefit Maximum	\$2,000 per member includes \$350 Rollover	\$2,000 per member includes \$350 Rollover	\$2,000 per member	\$2,000 per member
Class I (Preventive/Diagnostic)	100%	100%	80%	70%
Class II (Basic Services)	80% (endo and perio)	80% (endo and perio)	80% (endo and perio)	70% (endo and perio)
Class III (Major Services)	50%	50%	50%	40%
Class IV (Orthodontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	Not covered	Not Covered
Reimbursement	In-Network Fee Schedule	90 th Percentile	In-Network Fee Schedule	90 th Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting period	No waiting period

	Requested Benefits		MetLife	
	Low Option DPPO		Low Option DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for Class 1)	\$50 Ind/\$150 Family (Waived for Class 1)	None	In Network Only
Annual Benefit Maximum	\$1,500 per member includes \$250 Rollover	\$1,500 per member includes \$250 Rollover	None	In Network Only
Class I (Preventive/Diagnostic)	100%	80%	\$0 Copay (2 cleanings per calendar year)	In Network Only
Class II (Basic Services)	80% (endo and perio)	60% (endo and perio)	(D3310) Anterior root canal \$100 (D4341) Periodontal scaling & root planning Per quad (\$50)	In Network Only
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelain fused to high noble metal \$245	In Network Only
Class IV (Orthodontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only
Reimbursement	In-Network Fee Schedule	80 th Percentile	Copay fee schedule	In Network Only
Benefit Waiting Period for Major	12 months*	12 months*	None	In Network Only

* Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

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