



RFP # 2019-020
Group Dental Insurance

Appendix A
Benefit Review



	Requeste	d Benefits	Cig	na
	High Opti	on DPPO	High Opt	ion 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	Rollover	Rollover	0 \$2,000 per member includes \$350 \$2,000 per member inc Rollover WellnessPlus Progression Rollover Wellness Progresssion	
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 (Orthondontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	s 50%, \$1,000 lifetime max (Adults and Children) 50%, \$1,000 lifetime m	
Reimbursement	In-Network Fee Schedule	90 <sup>th</sup> Percentile	Based on contracted Fee	90 <sup>th</sup> Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting periods for timely No waiting periods for entrants.	

	Requeste	d Benefits	Cigna		
	Low Opti	on DPPO	Low Opti	ion 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 ( <i>Waived for Class 1</i> ) \$1,500 per member includes \$250	\$50 Ind/\$150 Family (Waived for Class 1)	
Annual Benefit Maximum	Rollover	Rollover	WellnessPlus progression	WellnessPlus progressiion	
Class I (Preventive/Diagnostic)	100%	80%	100%	80%	
Class II	80%	60%	80%	60%	
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)	
Class III (Major Services)	50%	40%	50%	40%	
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	Based on Contracted Fees	80 <sup>th</sup> Percentile	
Benefit Waiting Period for Major	12 months*	12 months*	None	No waiting periods for timely entrants	

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



	Requested Benefits		Florida C	ombined
	High Opti	ion DPPO	High Opt	ion 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 (Orthondontia)	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 <sup>th</sup> Percentile	In-Network Fee Schedule	90 <sup>th</sup> Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months*	12 months*

	Requested Benefits		Florida Combined		
	Low Opti	on DPPO	Low Opti	ion 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 ( <i>Waived for Class 1</i> )	\$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	80%	60%	80%	60%	
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)	
Class III (Major Services)	50%	40%	50%	40%	
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	In-Network Fee Schedule	80 <sup>th</sup> Percentile	
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*	

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



	Requested Benefits		Hun	nana
	High Opt	ion 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 (Orthondontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children) and Children)	
Reimbursement	In-Network Fee Schedule	90 <sup>th</sup> 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 Opti	on DPPO	Low Opt	on 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 ( <i>Waived for Class 1</i> ) \$1,500 per member includes \$250	\$50 Ind/\$150 Family (Waived for Class 1) \$1,500 with extended annual	\$50 Ind/\$150 Family (Waived for Class 1) \$1,500 with extended annual	
Annual Benefit Maximum	Rollover	Rollover	maximum	maximum	
Class I (Preventive/Diagnostic)	100%	80%	100%	80%	
Class II	80%	60%	80%	60%	
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)	
Class III (Major Services)	50%	40%	50%	40%	
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	In-Network Fee Schedule	Maxium Allowable Fee	
Benefit Waiting Period for Major	12 months*	12 months*	None	None	

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

RFP 2019-020 Group Dental Insurance Requested Benefits



### MetLife is offering a Triple Option Alternate of a High &

Low DPPO along with a Low Option DHMO

Low DPPO along with					
	Requeste	d Benefits	Me	tLife	
	High Opt	ion 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 (rolleover 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 (Orthondontia)	50%, \$1,000 lifetime max (Adults and Children)	50%, \$1,000 lifetime max (Adults and Children)	s 50%, \$1,000 lifetime max (Adults and Children) 30%, \$1,000 lifetime max and Children)		
Reimbursement	In-Network Fee Schedule	90 <sup>th</sup> Percentile	In-Network Fee Schedule	90 <sup>th</sup> Percentile	
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	No waiting period	No waiting period	

	Requeste	d Benefits	MetLife		MetLife	
	Low Opti	ion DPPO	Low Opt	ion DPPO	Low Optio	n 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	80%	60%	80%	60%	(D3310) Anterior root canal \$100	In Network Only
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)	(D4341) Periodontal scaling & root planning Per quad (\$50)	
Class III (Major Services)	50%	40%	50%	40%	(D2750) Crown- Porcelin fused to high noble metal \$245	In Network Only
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	In-Network Fee Schedule	80 <sup>th</sup> 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

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



	Requeste	d Benefits	Sols	stice
	High Opt	ion 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 rollerover 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 (Orthondontia)	50%, \$1,000 lifetime max (Adults and Children)			
Reimbursement	In-Network Fee Schedule	90 <sup>th</sup> Percentile	In-Network Fee Schedule	90 <sup>th</sup> Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months* 12 months*	

	Requested Benefits		Solstice		
	Low Opti	on DPPO	Low Opti	ion 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	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	80%	60%	80%	60%	
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)	
Class III (Major Services)	50%	40%	50%	40%	
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	In-Network Fee Schedule	80 <sup>th</sup> Percentile	
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*	

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



	Requested Benefits		Stan	dard
	High Opt	ion DPPO	High Opt	ion 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 (Orthondontia)	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 <sup>th</sup> Percentile	In-Network Fee Schedule	90 <sup>th</sup> Percentile
Benefit Waiting Period for Major and Ortho	12 months*	12 months*	12 months* 12 months*	

	Requested Benefits		Stan	Standard		
	Low Opti	on DPPO	Low Opti	ion 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 ( <i>Waived for Class 1</i> ) \$1,500 per member includes \$250	\$50 Ind/\$150 Family (Waived for Class 1)		
Annual Benefit Maximum	Rollover	Rollover	Rollover	Rollover		
Class I (Preventive/Diagnostic)	100%	80%	100%	80%		
Class II	80%	60%	80%	60%		
(Basic Services)	(endo and perio)	(endo and perio)	(endo and perio)	(endo and perio)		
Class III (Major Services)	50%	40%	50%	40%		
Class IV (Orthondontia)	Not Covered	Not Covered	Not Covered	Not Covered		
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	In-Network Fee Schedule	80 <sup>th</sup> Percentile		
Benefit Waiting Period for Major	12 months*	12 months*	12 months*	12 months*		

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

RFP 2019-020 Group Dental Insurance Alternate Benefits



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

	Requeste	d Benefits	Cigna		
	Low Opti	on 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	100%	80%	\$0 Copay (2 cleanings per	Not covered	
(Preventive/Diagnostic)			calendar year)		
			(		
Class II	80%	60%	(D3310) Anterior root canal \$80	Not covered	
(Basic Services)	(endo and perio)	(endo and perio)	(D4341) Periodontal scaling & root planning Per quad (\$40)		
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelin fused to high noble metal \$185	Not covered	
Class IV (Orthondontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1344	Not covered	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	Copay fee schedule	Not covered	
Benefit Waiting Period for Major	12 months*	12 months*	None	Not covered	

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

RFP 2019-020 Group Dental Insurance Alternate Benefits



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

	Requeste	d Benefits	Florida Combined		
	Low Opti	on DPPO	Low Option DHMO		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
			Curren	Current Plan	
Calendar Year Deductible	\$50 Ind/\$150 Family (Waived for	\$50 Ind/\$150 Family (Waived for	None	Not covered	
Calendar Tear Deductible	Class 1)	Class 1)			
	\$1,500 per member includes \$250	\$1,500 per member includes \$250	None	Not covered	
Annual Benefit Maximum	Rollover	Rollover			
Class I	100%	80%	\$0 Copay (2 cleanings per	Not covered	
(Preventive/Diagnostic)			calendar year)		
Class II	80%	60%	(D3310) Anterior root canal \$100	Not covered	
(Basic Services)	(endo and perio)	(endo and perio)	(D4341) Periodontal scaling & root		
, ,			planning Per quad (\$50)		
Class III	50%	40%	(D2750) Crown- Porcelin fused to	Not covered	
	30%	4070	high noble metal \$280	Not covered	
(Major Services)			mgn noble metal \$200		
Class IV	Not Covered	Not Covered	(D8670) Ortho 24-month	Not covered	
(Orthondontia)			treatment child \$1800		
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	Copay fee schedule	Not covered	
Benefit Waiting Period	12 months*	12 months*	None	Not covered	
for Major	nd for parcons appolled in current plan				

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

RFP 2019-020 Group Dental Insurance Alternate Benefits



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

	Requeste	d benefits	Hun	nana	Hun	nana
	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)			
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 + entended 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 (Orthondontia)	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 <sup>th</sup> 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 Opti	on 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	100%	80%	\$0 Copay (2 cleanings per	In Network Only	
(Preventive/Diagnostic)			calendar year)		
Class II	80%	60%	(D3310) Anterior root canal \$100	In Network Only	
(Basic Services)	(endo and perio)	(endo and perio)	(D4341) Periodontal scaling & root planning Per quad (\$50)		
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelin fused to high noble metal \$245	In Network Only	
Class IV (Orthondontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	Copay fee schedule	In Network Only	
Benefit Waiting Period for Major	12 months*	12 months*	None	In Network Only	

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

RFP 2019-020 Group Dental Insurance Alternate Benefits



	Requested benefits		MetLife		
	High Opt	Option DPPO High Option DPPO		ion 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 (Orthondontia)	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 <sup>th</sup> Percentile	In-Network Fee Schedule	90 <sup>th</sup> 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	100%	80%	\$0 Copay (2 cleanings per	In Network Only	
(Preventive/Diagnostic)			calendar year)		
	200/	CON	(03340) 4		
Class II	80%	60%	(D3310) Anterior root canal \$100	In Network Only	
(Basic Services)	(endo and perio)	(endo and perio)	(D4341) Periodontal scaling & root planning Per quad (\$50)		
Class III (Major Services)	50%	40%	(D2750) Crown- Porcelin fused to high noble metal \$245	In Network Only	
Class IV (Orthondontia)	Not Covered	Not Covered	(D8070) Ortho 24-month treatment child \$1850	In Network Only	
Reimbursement	In-Network Fee Schedule	80 <sup>th</sup> Percentile	Copay fee schedule	In Network Only	
Benefit Waiting Period for Major	12 months*	12 months*	None	In Network Only	

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