

			Monthly Premiums			
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Prepaid Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Pays benefits only when you use network providers.</li> <li>✓ No deductible or annual maximum</li> <li>✓ Most preventive care at no charge</li> <li>✓ You pay a fixed copayment for dental procedures listed on the copayment schedule.</li> <li>✓ Orthodontia: Covered for adults and children.</li> </ul>	4034	<a href="#">CIGNA Prepaid Dental</a>	\$24.01	\$47.31	\$56.41	\$72.06
	4025	<a href="#">Sun Life Prepaid Dental</a>	\$14.93	\$25.17	\$33.26	\$43.54
	4044	<a href="#">Humana HD205 Prepaid Dental</a>	\$12.64	\$21.20	\$23.00	\$32.98
<b>PPO Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ Your cost is lower when you use network dentists</li> <li>✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.</li> <li>✓ Orthodontia: Covered for adults and children (excluding Preventive PPO).</li> </ul>	4023	<a href="#">Ameritas Preventive</a>	\$27.98	\$52.92	\$56.64	\$82.96
	4033	<a href="#">Metlife Preventive</a>	\$25.08	\$46.38	\$51.84	\$75.24
	4022	<a href="#">Ameritas Standard</a>	\$38.60	\$72.32	\$80.96	\$117.88
	4032	<a href="#">Metlife Standard</a>	\$36.60	\$67.72	\$75.66	\$109.86
<b>Indemnity with PPO Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ Your cost is lower when you use network dentists</li> <li>✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive.</li> <li>✓ Orthodontia: Child only orthodontia covered by Sun Life.</li> </ul>	4021	<a href="#">Ameritas Indemnity</a>	\$46.50	\$86.24	\$98.20	\$141.80
	4031	<a href="#">Metlife Indemnity</a>	\$51.92	\$96.04	\$107.32	\$155.80
	4074	<a href="#">Sun Life Indemnity PPO</a>	\$43.55	\$83.61	\$98.83	\$130.35
<b>Indemnity Dental Plan</b> <ul style="list-style-type: none"> <li>✓ Receive care from any dentist</li> <li>✓ You have a deductible to meet and then pay part of the cost for the services you receive.</li> </ul>	4084	<a href="#">Humana Schedule B</a>	\$14.74	\$21.96	\$23.30	\$37.10