

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Employee Benefits Freedom Preferred
ANNUAL DEDUCTIBLE	Network: \$25 Basic and Major services combined Non-Network: \$25 Preventive, Basic, and Major services combined	No deductible or plan maximum \$5 office copay applies	\$25 per person, per policy year, waived for preventive services in-network
DIAGNOSTIC AND PREVENTIVE CARE Ex: cleaning, routine oral exam Allowed Charges apply	Network: \$0 Non-Network: \$0 of Allowed Charges after deductible	Sealant: \$15 each tooth No charge for routine cleaning once every 6 months No charge for topical fluoride application (through age 18) No charge for periodic oral evaluations	Network: \$0 Plan pays 100% of negotiated fee No deductible Non-Network: \$0 Plan pay 100% of usual and customary Deductible applies
BASIC CARE Ex: extractions, oral surgery Allowed Charges apply	Network: 15% Non-Network: 30% Deductible applies	Amalgam: One surface, permanent teeth \$21	Network: 15% Plan pays 85% of usual and customary Non-Network: 30% Plan pays 70% of usual and customary Deductible applies
MAJOR CARE Ex: dentures, bridge work Allowed Charges apply	Network: 40% Non-Network: 50% Deductible applies	Root canal, anterior: \$355 Periodontal/scaling/root planing 1-3 teeth (each quadrant): \$71	Network: 40% Plan pays 60% of usual and customary Deductible applies Non-Network: 50% Plan pays 50% of usual and customer Deductible applies

All plan changes are indicated by **bold** text.