

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Employee Benefits Freedom Preferred
ORTHODONTIC CARE Allowed Charges apply	Network: 50% Non-Network: 50% 12-month waiting period may apply No lifetime orthodontic maximum for Network or non-Network Covered for members under age 19 and members age 19 and older with TMD	\$2,280 out-of-pocket for children through age 18 \$3,120 out-of-pocket for adults 24-month treatment excludes orthodontic treatment plan and banding	Network: 40% Plan pays 60% of negotiated fee Non-Network: 50% Plan pays 50% of usual and customary Deductible applies Network and non-Network: \$2,000 lifetime maximum Coverage only for dependent children under age 19 12-month waiting period may apply
PLAN YEAR MAXIMUM	Network and non-Network: \$2,500 per person, per year	No maximum	\$2,000 per person, per policy year
FILING CLAIMS	Network: No claims to file Non-Network: You file claims	No claims to file	Member/provider must file claims

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

This is only a sample of the services covered by each plan. For services that are not listed in the comparison chart, contact each plan. See *Help Lines* on page 48 for contact information.