Dental Plan Options - Plan Year 2023

## ManhattanLife

| | Plan 1 | Plan 2 | Plan 3 |
|---|---|---|---|
| Plan Name | Dental, Vision, Hearing | | |
| Network (click to search) | No Network | | |
| Plan Brochure (click to view) | Brochure | | |
| Annual Benefit Maximum (age 19+) | $1,000 | $1,500 | $3,000 |
| Deductible | $100/person | | |
| Preventive (In-Network) | Year 1: 60%<br>Year 2: 70%<br>Year 3+: 80% | | |
| Basic (In-Network) | Year 1: 60%<br>Year 2: 70%<br>Year 3+: 80% | | |
| Major (In-Network) | Year 1: 0%<br>Year 2: 70%<br>Year 3+: 80% | | |
| Orthodontia | Not Covered | | |
| Out of Pocket Pediatric Maximum (ages 0-18) | N/A | | |
| Deductible / Preventive / Basic / Major (Out of Network) | Same as in-network<br><br>Plan payments based on Usual, Customary and Reasonable charges | | |
| Waiting Period (ages 19+) Preventive Services | None | | |
| Waiting Period: (ages 19+) Basic Services | None | | |
| Waiting Period: (ages 19+) Major Services | 12 months | | |
| Important Notes, **PLEASE READ** | This is a reimbursement policy.<br><br>Children can only enroll as dependents. See brochure for family rates.<br><br>Additional discounts if you use a dentist in the Careington Maximum Care PPO network. | | |

## Aetna

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---|---|---|---|---|---|
| Plan Name | Dental, Vision, Hearing | | | | |
| Network (click to search) | No Network | | | | |
| Plan Brochure (click to view) | Brochure | | | | |
| Annual Benefit Maximum (age 19+) | $1,000 | $1,500 | $2,000 | $2,500 | $3,000 |
| Deductible | $100/person | | | | |
| Preventive (In-Network) | 100% | | | | |
| Basic (In-Network) | Year 1: 65%<br>Year 2+: 80% | | | | |
| Major (In-Network) | Year 1: 20%<br>Year 2+: 50%<br>Implants: $1,500 lifetime maximum | | | | |
| Orthodontia | Year 1: 0%<br>Year 2+ 50% ($1,500 lifetime max) | | | | |
| Out of Pocket Pediatric Maximum (ages 0-18) | N/A | | | | |
| Deductible / Preventive / Basic / Major (Out of Network) | Same as in-network | | | | |
| Waiting Periods (ages 19+) Preventive / Basic / Major | None for dental<br>Vision covered after 6 months<br>Hearing covered after 12 months | | | | |
| Important Notes, **PLEASE READ** | Vision covered at 65% Year 1, 80% Year 2+<br>Inclues eye exams, glasses and contact lenses.<br><br>Hearing covered 80% up to $500 Year 2+<br>Inclues hearing exams and aids. | | | | |

## Mutual of Omaha

| | Dental Preferred | | | Dental Protection | | |
|---|---|---|---|---|---|---|
| Network (click to search) | Dente Max | | | | | |
| Plan Brochure (click to view) | Brochure | | | | | |
| Annual Benefit Maximum (age 19+) | $1,500 | $3,000 | $5,000 | $1,500 | $3,000 | $5,000 |
| Deductible | $0 on Preventive, $50 all other | | | $100/person | | |
| Preventive (In-Network) | 100% | | | | | |
| Basic (In-Network) | 80% | | | 50% | | |
| Major (In-Network) | Year 1: 20%<br>Year 2: 50% | | | Year 1: 20%<br>Year 2: 50% | | |
| Orthodontia | Not covered | | | | | |
| Out of Pocket Pediatric Maximum (ages 0-18) | N/A | | | | | |
| Deductible / Preventive / Basic / Major (Out of Network) | Covered at the same co-insurance as In-Network but based at the 80th percentile | | | Covered at the same co-insurance as In-Network but based on a fee schedule, meaing you can be balance billed. | | |
| Waiting Periods (ages 19+) Preventive / Basic / Major | None | | | | | |
| Important Notes, **PLEASE READ** | Lifetime maximum benefit for Implants: $3,000 | | | Lifetime maximum benefit for Implants: $2,000 | | |

## Moda Health

| | PPO | Exclusive PPO | PPO Bright Smiles |
|---|---|---|---|
| Network (click to search) | Delta Dental PPO | | |
| Plan Brochure (click to view) | Brochure | | |
| Annual Benefit Maximum (age 19+) | $1,000 | $1,500 | None |
| Deductible | $0 | | |
| Preventive (In-Network) | Under 19: 100%<br>Adults: 75% | 100% | 100% |
| Basic (In-Network) | Under 19: 25%<br>Adults: 60% | 70% | 25% |
| Major (In-Network) | Under 19: 25%<br>Adults: 50% | 50% | 25% |
| Orthodontia | Under 19: 25%<br>Adults: N/A | Under 19: 50%<br>Adults: N/A | 25% |
| Out of Pocket Pediatric Maximum (ages 0-18) | $350/child, $700/family (In-network only) | | |
| Deductible (Out of Network) | $0 | Not Covered | |
| Preventive / Basic / Major (Out of Network) | 50%<br>No balance billing for Delta Dental Premier only | | |
| Waiting Period (ages 19+) Preventive Services | None | | |
| Waiting Period: (ages 19+) Basic Services | 6 months | | None |
| Waiting Period: (ages 19+) Major Services | 12 months | | None |
| Important Notes, **PLEASE READ** | **You can only enroll during open enrollment or if you have a qualifying event.**<br><br>Waiting periods may be waived with proof of prior dental coverage. See brochure for full details. | | |

## PacificSource Health Plans

| | Dental Advantage | | Kids Dental Advantage |
|---|---|---|---|
| Network (click to search) | Advantage | | |
| Plan Brochure (click to view) | Brochure | | |
| Annual Benefit Maximum (age 19+) | $1,000 | $1,500 | None |
| Deductible | $0 | | |
| Preventive (In-Network) | 100% | | |
| Basic (In-Network) | 80% | | |
| Major (In-Network) | 50% | | |
| Orthodontia | Not Covered | | |
| Out of Pocket Pediatric Maximum (ages 0-18) | $375/child, $750/family (In-network only) | | |
| Deductible (Out of Network) | $50/person, $150/family | | |
| Preventive (Out of Network) | 80% | | |
| Basic (Out of Network) | 80% after deductible | | |
| Major (Out of Network) | 50% after deductible | | |
| Waiting Period (ages 19+) Preventive Services | None | | |
| Waiting Period: (ages 19+) Basic Services | 6 months* | | None |
| Waiting Period: (ages 19+) Major Services | 12 months* | | None |
| Important Notes, **PLEASE READ** | *Waiting periods may be waived with proof of prior dental coverage. | | |

## Spirit Dental & Vision

| | 3500 | 1200/2500/5000 | 1200 | 750/1000/1250 |
|---|---|---|---|---|
| Network (click to search) | Ameritas | | | |
| Plan Brochure (click to view) | Brochure | | | |
| Annual Benefit Maximum (age 19+) | $3,500 | 1200/2500/5000 | $1,200 | 750/1000/1250 |
| Deductible | $100/person - Lifetime | | | |
| Preventive (In-Network) | 100% | | | |
| Basic (In-Network) | Year 1: 65%<br>Year 2: 80%<br>Year 3+: 90% | Year 1: 50%<br>Year 2: 60%<br>Year 3+: 80% | Year 1: 50%<br>Year 2: 65%<br>Year 3+: 80% | Year 1: 50%<br>Year 2: 60%<br>Year 3+:70% |
| Major (In-Network) | Year 1: 10%<br>Year 2: 50%<br>Year 3+: 65% | Year 1: 25%<br>Year 2: 30%<br>Year 3+: 50% | Year 1: 25%<br>Year 2: 50%<br>Year 3+: 50% | Year 1: 20%<br>Year 2: 30%<br>Year 3+: 40% |
| Orthodontia | Year 1: 10%, Year 2: 25%, Year 3: 50%<br>$1,200 Lifetime maximum | | | Not Covered |
| Out of Pocket Pediatric Maximum (ages 0-18) | N/A | | | |
| Deductible / Preventive / Basic / Major (Out of Network) | Network Plan pays based on contracted fees (Maximum Allowable Charges, MAB)<br><br>Choice Plan pays based on 90th percentile of Usual, Customary, and Reasonable charges. | | | |
| Waiting Periods (ages 19+) Preventive / Basic / Major | None | | | |
| Important Notes, **PLEASE READ** | Spirit $3,500 also covers hearing exams and hearing aids. It covers $75 per year for hearing exams and 50% of hearing aids cost up to the max benefits.<br>Max hearing aid benefit per year:<br>Year 1: $200<br>Year 2: $300<br>Year 3: $400 | | | |

## Ameritas

| | PrimeStar Value | PrimeStar Access | PrimeStar Total |
|---|---|---|---|
| Network (click to search) | Ameritas | | |
| Plan Brochure (click to view) | Brochure | Brochure | Brochure |
| Annual Benefit Maximum (age 19+) | $750 | $1000/$2000 | $2000/$2500 |
| Deductible | $0 on Preventive, $50 all other | | |
| Preventive (In-Network) | Year 1: 90%<br>Year 2: 100% | 100% | 100% |
| Basic (In-Network) | Year 1: 50%<br>Year 2: 80% | Year 1: 65%<br>Year 2+: 80% | Year 1: 80%<br>Year 2+: 90% |
| Major (In-Network) | Year 1: 0%<br>Year 2+ 15% | Year 1: 20%<br>Year 2+: 50% | Year 1: 20%<br>Year 2+: 50% |
| Orthodontia | Not Covered | Under age 19<br>$1,000 lifetime max<br>Year 1: 15%<br>Year 2: 50% | Not Covered |
| Out of Pocket Pediatric Maximum (ages 0-18) | N/A | | |
| Deductible (Out of Network) | Covered at the same co-insurance as In-Network but based on maximum allowable benefit. | $0/$50 | Covered at the same co-insurance as In-Network but based on maximum allowable benefit. |
| Preventive (Out of Network) | | 80% | |
| Basic (Out of Network) | | Year 1: 45%<br>Year 2: 60% | |
| Major (Out of Network) | | Year 1: 10%<br>Year 2: 30% | |
| Waiting Period (ages 19+) Preventive Services | None | None | |
| Waiting Period: (ages 19+) Basic Services | None | | |
| Waiting Period: (ages 19+) Major Services | 12 months | | |
| Important Notes, **PLEASE READ** | Preventive procedures are not deducted from plan's annual maximum benefit.<br><br>Teeth whitening is included as a Major Benefit on the PrimeStar Plan.<br><br>Annual hearing exam benefit paid up to $75 for PrimeStar Total.<br><br>Primestar total hearing aid benefit per ear:<br>Year 1: $200, Year 2: $300, Year 3: $400 | | |

## Willamette Dental Group

| | TrueCare |
|---|---|
| Network (click to search) | Willamette Dental |
| Plan Brochure (click to view) | Brochure |
| Annual Benefit Maximum (age 19+) | None |
| Deductible | None |
| Preventive (In-Network) | $0 - $35 |
| Basic (In-Network) | $45 - $90 |
| Major (In-Network) | Under 19: $100 - $350<br>Adults: $100 - $600 |
| Orthodontia | $2,800 copay |
| Out of Pocket Pediatric Maximum (ages 0-18) | None |
| Deductible / Preventive / Basic / Major (Out of Network) | Not Covered<br><br>Out of area emergency treatment is reimbursed up to $100 minus applicable copayments. |
| Waiting Period (ages 19+) Preventive Services | None |
| Waiting Period: (ages 19+) Basic Services | None |
| Waiting Period: (ages 19+) Major Services | 12 months |
| Important Notes, **PLEASE READ** | See brochure for fee schedule |

## Monthly Rates by Age

| Age | Manhattan Life | | | Aetna | | | | |
|---|---|---|---|---|---|---|---|---|
| 0 - 17 | N/A | N/A | N/A | N/A | | | | |
| 18 | $30.25 | $40 | $48.17 | $57.05 | $58.32 | $59.32 | $60.10 | $60.68 |
| 19 - 24 | | | | | | | | |
| 25 - 29 | | | | Age 25: $57.05<br><br>Age 26 -50: $59.5 | Age 25: $58.32<br><br>Age 25 - 50: $63.46 | Age 25: $59.32<br><br>Age 26-50: $66.59 | Age 25: $60.10<br><br>Age 25 - 50: $69 | Age 25: $60.68<br><br>Age 26- 50: $70.84 |
| 30 - 34 | | | | | | | | |
| 35 - 39 | | | | | | | | |
| 40 - 44 | $32.75 | $42.33 | $52.25 | | | | | |
| 45 - 49 | | | | | | | | |
| 50 - 54 | | | | | | | | |
| 55 - 59 | $35.08 | $46.00 | $59.58 | $67.54<br><br>Age 71+: $69.61 | $72.08<br><br>Age 71+: $74.85 | $75.66<br><br>Age 71+: $78.73 | $78.41<br><br>Age 71+: $81.73 | $80.53<br><br>Age 71+: $84.02 |
| 60 - 64 | | | | | | | | |
| 65 - 74 | $37.58 | $49.67 | $64.42 | | | | | |
| 75 - 85 | $43.17 | $57.08 | $74.08 | $69.51 | $74.85 | $78.73 | $81.73 | $84.02 |
| | Enroll Direct | | | Call us to Enroll | | | | |

| Age | Mutual of Omaha | | | | | |
|---|---|---|---|---|---|---|
| 0 - 17 | N/A | | | | | |
| 18 | N/A | | | | | |
| 19 - 85 | Zip end in 978: $58.29<br><br>Zip end in 974-977,979: $61.46<br><br>Zip end in 970-973: $64.11 | Zip end in 978: $66.74<br><br>Zip end in 974-977,979: $70.37<br><br>Zip end in 970-973: $73.40 | Zip end in 978: $69.65<br><br>Zip end in 974-977,979: $73.45<br><br>Zip end in 970-973: $76.61 | Zip end in 978: $31.35<br><br>Zip end in 974-977,979: $33.69<br><br>Zip end in 970-973: $35.14 | Zip end in 978: $32.85<br><br>Zip end in 974-977,979: $34.64<br><br>Zip end in 970-973: $36.13 | Zip end in 978: $33.45<br><br>Zip end in 974-977,979: $35.27<br><br>Zip end in 970-973: $36.79 |
| | Call us to Enroll | | | | | |

| Age | Moda | | Moda (Kids) | PacificSource | | PacificSource (Kids) |
|---|---|---|---|---|---|---|
| 0 - 17 | $37 | $41 | $37 | $37 | $37 | $37 |
| 18 | | | | | | |
| 19 - 24 | $27 | $29 | N/A | $39 | $44 | N/A |
| 25 - 29 | | | | $41 | $46 | |
| 30 - 34 | $29 | $31 | | $44 | $50 | |
| 35 - 39 | $32 | $34 | | $48 | $54 | |
| 40 - 44 | $33 | $35 | | $52 | $59 | |
| 45 - 49 | $34 | $36 | | $57 | $64 | |
| 50 - 54 | $37 | $39 | | $58 | $65 | |
| 55 - 59 | $40 | $43 | | $61 | $68 | |
| 60 - 64 | $44 | $47 | | $64 | $72 | |
| 65 - 74 | $47 | $50 | | | | |
| 75 - 85 | | | | | | |
| | Enroll Direct | | | Enroll Direct | | |

| Age | Spirit | | | | Ameritas PrimeStar | | | Willamette |
|---|---|---|---|---|---|---|---|---|
| 0 - 17 | N/A | | | | N/A | | | $45.43 |
| 18 | Network Plan<br>Indiv $56.76<br>Family $180.29<br><br>Choice Plan<br>Indiv $89.90<br>Family $286.31 | Network Plan<br>Indiv $49.72<br>Family $168.03<br><br>Choice Plan<br>Indiv $79.68<br>Family $263.91 | Network Plan<br>Indiv $39.42<br>Family $135.08<br><br>Choice Plan<br>Indiv $59.72<br>Family $200.02 | Network Plan<br>Indiv $31.39<br>Family $100.46<br><br>Choice Plan<br>Indiv $47.72<br>Family $152.70 | Individual<br>$21.65<br><br>Individual + child<br>$50.86<br><br>Family<br>69.28 | Individual<br>$46.52<br><br>Indiv + child<br>$93.05<br><br>Family<br>$157/11 | Individual<br>$55.52<br><br>Indiv + child<br>$113.68<br><br>Family<br>$176.31 | |
| 19 - 24 | | | | | | | | |
| 25 - 29 | | | | | | | | $49.50 |
| 30 - 34 | | | | | | | | |
| 35 - 39 | | | | | | | | $54.87 |
| 40 - 44 | | | | | | | | |
| 45 - 49 | | | | | | | | $64.28 |
| 50 - 54 | | | | | | | | |
| 55 - 59 | | | | | | | | $75.87 |
| 60 - 64 | | | | | | | | |
| 65 - 74 | | | | | | | | |
| 75 - 85 | Waive the $25 application fee with code SMILE20 | | | | | | | |
| | Enroll Direct | | | | Enroll Direct | | | Ask Us |

This sheet is a simplified plan comparison. Refer to plan summaries for complete plan benefits. Please note that percentages shows are what the plan pays.