



2007 DENTAL PLAN COMPARISON CHART

Plan Name	Silver Plan	Gold Plan	TC-6000	MetLife PDP	Monthly Rate
Employee Only Coverage	\$1.00	\$20.60	\$13.95	\$37.02	
Employee + One Coverage	\$3.00	\$37.49	\$26.75	\$66.80	
Family Coverage	\$4.00	\$58.83	\$44.88	\$117.87	

Dental Company	Dental Select			TDA	MetLife		CODE - American Dental Assoc.
	Plan Name	Silver Plan	Gold Plan	TC-6000	MetLife PDP		
# of Providers In Plan	600+	800+	Unlimited	265	660	Unlimited	
Dependent Age Maximum	26	26		26	26		
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	
	Member Copayment	Member Copayment	Maximum Insurance Payment	Member Copayment	Member Copayment	Member Copayment	
Annual Maximum Benefit	None	None	None	None	\$1,000 per Member	\$1,000 per Member	na
Annual Deductible	No Deductible	No Deductible	No Deductible	No Deductible	\$50.00 Employee \$150.00 Family	\$75.00 Employee \$225.00 Family	na

PREVENTATIVE

Complete Series X Rays	\$33.00	No Charge	34.00*	No Charge	20% of PDP fee	20% of R&C	00210
Initial Oral Exam	\$13.00	No Charge	14.00*	No Charge	20% of PDP fee	20% of R&C	00150
Adult Prophylaxis (Cleaning)	\$34.00	No Charge	34.00*	No Charge	20% of PDP fee	20% of R&C	01110

BASIC

Amalgam-One Surface (Silver)	\$36.00	\$8.00	31.00*	\$16.00	30% of PDP fee	40% of R&C	02140
Resin-One Surface Anterior (White)	\$50.00	\$34.00	30.00*	\$30.00	30% of PDP fee	40% of R&C	02330
Simple Extraction	\$41.00	\$24.00	17.00*	\$40.00	30% of PDP fee	40% of R&C	07140

MAJOR

Soft Tissue Impaction	\$85.00	\$71.00	23.00*	\$80.00	60% of PDP fee	60% of R&C	07220
Resin w/Metal Crown	\$388.00	\$275.00	150.00*	\$250.00	60% of PDP fee	60% of R&C	02720
Porcelain Crown	\$385.00	\$265.00	145.00*	\$275.00 + lab fee	60% of PDP fee	60% of R&C	02740
Root Canal (Anterior)	\$225.00	\$160.00	71.00*	\$180.00	60% of PDP fee	60% of R&C	03310
Root Canal (Molar)	\$345.00	\$282.00	83.00*	\$340.00	60% of PDP fee	60% of R&C	03330
Complete Denture (Upper/Lower)	\$497.00/\$497.00	\$399.00/\$399.00	\$100.00/\$100.00*	\$190+lab fee/ \$190+lab fee	60% of PDP fee	60% of R&C	05110/20
Osseous Surgery/Quad	**20% Discount	**20% Discount	\$0.00	\$280.00	60% of PDP fee	60% of R&C	04260

ORTHODONTICS

Children under age 19	**20% Discount	50% w/12 mo waiting \$1,000 Lifetime Max	N/A	25% discount	40% up to \$1,000 Lifetime Maximum (No waiting period)	40% up to \$1,000 Lifetime Maximum	08000
Adults	**20% Discount (No waiting period)	**20% Discount (No waiting period)	N/A	25% discount			08000

OTHER INFORMATION

	Fees shown are General Dentist fees. **20% Discount on all Specialty fees. (In-network only) *Member is responsible for the bill balance after the insurance company payment shown on Out-of-Network. Fees shown subject to change.	Member is responsible for balance after insurance payment on the out-of-network coverage. Fees shown subject to change. PDP = Preferred Dental Provider R&C = Reasonable and Customary
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THE DENTAL SERVICES AND BENEFITS LISTED ARE IN SUMMARY FORM ONLY.

They should not be construed to be complete in and of themselves. They are for illustrative purposes only. In case of conflict, the respective plan document/schedule will apply.