

DENTAL INSURANCE COMPARISON

MNA PECSH
January 1, 2025



In Network Services Covered	Delta Dental	
	Silver (Base) Plan	Gold (Buy Up) Plan
Annual Deductible	No deductible	
Preventative		
Exams	100% covered	100% covered
Cleaning	100% covered	100% covered
Xrays	50% covered	100% covered
Restorative		
Filling	50% covered	80% covered
Composite (Anterior only)	50% covered	80% covered
Composite (Posterior only)	50% covered	80% covered
Prosthetics		
Crowns	50% covered	50% covered
Bridges (per unit)	50% covered	50% covered
Dentures (each)	50% covered	50% covered
Partial (each)	50% covered	50% covered
Implants (crown and attachment)	50% covered	50% covered
Oral Surgery		
Simple Extractions	50% covered	80% covered
Extraction Erupted Tooth	50% covered	80% covered
Extraction Soft Tissue Impaction	50% covered	80% covered
Extraction Partial Bony Impaction	50% covered	80% covered
Extraction Complete Bony Impaction	50% covered	80% covered
Endodontics		
Root Canal (single)	50% covered	80% covered
Root Canal (double)	50% covered	80% covered
Root Canal (Triple or more)	50% covered	80% covered
Periodontics		
Gingivectomy	50% covered	80% covered
Osseous Surgery	50% covered	80% covered
Root Scaling	50% covered	80% covered
Orthodontics		
Child (up to age 19)	50% covered	50% covered
Adult (19 or older)	No coverage	50% covered
Maximums		
Annual Maximum	\$1,000	\$1,500
Orthodontic Maximum	\$1,500 lifetime	\$1,500 lifetime
Monthly Rates		
Full Time	Silver (Base) Plan	Gold (Buy Up) Plan
Team Member Only	\$0.00	\$17.93
Two Person	\$5.78	\$39.91
Family	\$10.72	\$68.08
Part Time		
Team Member Only	\$0.00	\$17.93
Two Person	\$26.09	\$60.22
Family	\$75.47	\$132.83
COBRA Rates		
Team Member Only	\$32.31	\$50.60
Two Person	\$58.93	\$93.74
Family	\$109.29	\$167.80

This is a summary of in-network benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence.