

DENTAL INSURANCE COMPARISON

Non-Union, IUE, SEIU S&T
January 1, 2025



In Network Services Covered	Delta Dental		
	Bronze (EPO) Plan	Silver (Base) Plan	Gold (Buy Up) Plan
Annual Deductible	No deductible		
Preventative			
Exams	100% covered	100% covered	100% covered
Cleaning	100% covered	100% covered	100% covered
Xrays	100% covered	50% covered	100% covered
Restorative			
Filling	\$31 - \$56 copay	50% covered	80% covered
Composite (Anterior only)	\$39 - \$72 copay	50% covered	80% covered
Composite (Posterior only)	\$45 - \$88 copay	50% covered	80% covered
Prosthetics			
Crowns	\$284 - \$345 copay	50% covered	50% covered
Bridges (per unit)	\$274 - \$313 copay	50% covered	50% covered
Dentures (each)	\$120 - \$432 copay	50% covered	50% covered
Partial (each)	\$25 - \$490 copay	50% covered	50% covered
Implants (crown and attachment)	No coverage	50% covered	50% covered
Oral Surgery			
Simple Extractions	\$29 - \$38 copay	50% covered	80% covered
Extraction Erupted Tooth	\$76 copay	50% covered	80% covered
Extraction Soft Tissue Impaction	\$92 copay	50% covered	80% covered
Extraction Partial Bony Impaction	\$125 copay	50% covered	80% covered
Extraction Complete Bony Impaction	\$146 - \$184 copay	50% covered	80% covered
Endodontics			
Root Canal (single)	\$201 - \$326 copay based on tooth type	50% covered	80% covered
Root Canal (double)		50% covered	80% covered
Root Canal (Triple or more)		50% covered	80% covered
Periodontics			
Gingivectomy	\$82 - \$159 copay	50% covered	80% covered
Osseous Surgery	\$188 - \$233 copay	50% covered	80% covered
Root Scaling	\$28 - \$72 copay	50% covered	80% covered
Orthodontics			
Child (up to age 19)	\$2,100 Copay	50% covered	50% covered
Adult (19 or older)	No coverage	No coverage	50% covered
Maximums			
Annual Maximum	n/a	\$1,000	\$1,500
Orthodontic Maximum	n/a	\$1,500 lifetime	\$1,500 lifetime
Monthly Rates			
Full Time	Bronze (EPO) Plan	Silver (Base) Plan	Gold (Buy Up) Plan
Team Member Only	\$0.00	\$1.68	\$19.61
Two Person	\$0.00	\$7.77	\$41.90
Family	\$0.00	\$22.15	\$79.51
Part Time			
Team Member Only	\$0.00	\$11.68	\$29.61
Two Person	\$15.13	\$37.77	\$71.90
Family	\$52.79	\$87.15	\$144.51
COBRA Rates			
Team Member Only	\$19.45	\$32.31	\$50.60
Two Person	\$35.83	\$58.93	\$93.74
Family	\$74.25	\$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.