



**Retiree Dental Plan Comparison**  
January 1, 2022 through December 31, 2024

	UNI Dental Plan 1*	UNI Dental Plan 2
<b>Single Coverage: Monthly Premium</b>	\$34.00	\$36.00
<b>Retiree &amp; Spouse: Monthly Premium</b>	\$68.00	\$72.00
<b>Retiree Family: Monthly Premium</b>	\$107.00	\$125.00
<b>Annual Benefit Period Maximum</b> (The annual benefit amount insurance will cover per calendar year per member)	\$600	\$1,500
<b>Deductible Per Person</b>	\$50	None
<b>Ortho Deductible</b>	\$100	None
<b>Ortho Maximum</b>	\$500 annual	\$1,500 life time
<b>Check Ups &amp; Teeth Cleaning</b> ( <i>Diagnostic and Preventative Services</i> ) 1. Dental Cleaning – twice per benefit period 2. Oral Evaluations including consultations – twice per benefit period 3. Fluoride Applications – once every 12 months for dependent children under age 19 4. X-Rays 5. Space Maintainers including re-cementing	Covered at 100%	Covered at 100%
<b>Cavity Repair &amp; Tooth Extractions</b> ( <i>Routine &amp; Restorative Services</i> ) 1. Emergency Treatment 2. General Anesthesia / Sedation 3. Restoration of Decayed or Fractured Teeth a. Amalgam or Composite Restorations b. Routine Oral Surgery c. Posterior Composites w/o Alternate Processing	40% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*	10% coinsurance for Delta Dental PPO Network  20% coinsurance for Delta Dental Premier Network**
<b>Root Canals</b> ( <i>Endodontic Services</i> ) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*	40% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network**

	UNI Dental Plan 1*	UNI Dental Plan 2
<b>Gum &amp; Bone Disease</b> <i>(Periodontal Services)</i> 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Periodontal Maintenance Therapy	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network*	40% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network**
<b>High Cost Restorations</b> <i>(Cast Restorations)</i> 1. Crowns 2. Inlays 3. Onlays 4. Posts & Cores 5. Recementing Crowns & Inlays	Subject to deductible then 50% coinsurance for Delta Dental PPO Network  Subject to deductible then 50% coinsurance for Delta Dental Premier Network*  Deductible waived on 5	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network**
<b>Dentures &amp; Bridges</b> <i>(Prosthetics – replacement of missing teeth)</i> 1. Bridges 2. Dentures 4. Repairs to Dentures & Bridges 5. Recementing of Bridges 3. Implants (once every 5 years)	Subject to deductible then 50% coinsurance for Delta Dental PPO Network  Subject to deductible then 50% coinsurance for Delta Dental Premier Network*  Deductible waived on 3	50% coinsurance for Delta Dental PPO Network  50% coinsurance for Delta Dental Premier Network**
<b>Straighter Teeth</b> <i>(Orthodontics – dependents to age 19)</i>	50% coinsurance for Delta Dental PPO Network (Up to lifetime maximum)  50% coinsurance for Delta Dental Premier Network* (Up to lifetime maximum)	50% coinsurance for Delta Dental PPO Network (Up to lifetime maximum)  50% coinsurance for Delta Dental Premier Network** (Up to lifetime maximum)
<b>Additional Options</b>  Enhanced Benefits Program <a href="https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf">https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf</a>  Annual Maximum Carryover – To Go <a href="https://www.deltadentalia.com/webres/File/Member/to-go.pdf">https://www.deltadentalia.com/webres/File/Member/to-go.pdf</a>		

\*Dental Plan I is a grandfathered plan. It does not accept new enrollments.

\*\* Provider search for networks: <https://www.deltadentalia.com/find-a-provider/dental/>

Last Update: 25-Sep-2023