

Retiree Dental Plan Comparison

January 1, 2022 through December 31, 2025

	UNI Dental Plan 1*	UNI Dental Plan 2
Single Coverage: Monthly Premium	\$34.00	\$36.00
Retiree & Spouse: Monthly Premium	\$68.00	\$72.00
Retiree Family: Monthly Premium	\$107.00	\$125.00
Annual Benefit Period Maximum (The annual benefit amount insurance will cover per calendar year per member)	\$600	\$1,500
Deductible Per Person	\$50	None
Ortho Deductible	\$100	None
Ortho Maximum	\$500 annual	\$1,500 life time
Check Ups & Teeth Cleaning <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%
Cavity Repair & Tooth Extractions <i>(Routine & 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**
Root Canals <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**

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Gum & Bone Disease <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**
High Cost Restorations <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**
Dentures & Bridges <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**
Straighter Teeth <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)
Additional Options Enhanced Benefits Program https://www.deltadentalia.com/webres/File/Member/member-ehb.pdf Annual Maximum Carryover – To Go https://www.deltadentalia.com/webres/File/Member/to-go.pdf		

*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/>