



**ACTIVE DENTAL PLAN DESIGN
PLAN YEAR 2025**

Explore Your Benefits

AETNA DEP & HORIZON DEP

AETNA DMO

DENTAL PLAN COMPARISON			
	● DENTAL EXPENSE PLAN		● DENTAL PLAN ORGANIZATION (DPO)
	IN-NETWORK	OUT-OF-NETWORK	
Deductible	\$50 per person per calendar year/ \$100 per family; None for diagnostic, preventive, and orthodontic services	\$75 per person per calendar year/ \$150 per family; None for diagnostic, preventive, and orthodontic services	None
Coinsurance	Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*	Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*	Plan pays 100% (less copayment); 100% Diagnostic and Preventive
Copayments	None	None	Varies depending on service
Benefits Maximum	\$3,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$1,000 (lifetime) per child for orthodontics	\$2,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$750 (lifetime) per child for orthodontics	Unlimited
Provider Limitations	Must use participating dentist	Any licensed dentist	Must use DPO-participating dentist
Selected Services	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Services listed below are covered in full subject to copayments
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%*	Oral evaluations limited to twice per calendar year; Plan pays 90%*	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-Rays	Covered subject to limitations; Plan pays 100%*	Covered subject to limitations; Plan pays 90%*	Covered subject to limitations; Plan pays 100%
Cleanings (Oral Prophylaxis)	Two cleanings per calendar year; Plan pays 100%*	Two cleanings per calendar year; Plan pays 90%*	Two cleanings per calendar year; Plan pays 100%
Fluoride Applications	Covered only for children under age 19; Twice per calendar year; Plan pays 100%*	Covered only for children under age 19; Twice per calendar year; Plan pays 90%*	Covered only for children under age 19; Twice per calendar year; Plan pays 100%

* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.



ACTIVE DENTAL PLAN DESIGN PLAN YEAR 2025

Explore Your Benefits

DENTAL PLAN COMPARISON			
	DENTAL EXPENSE PLAN		DENTAL PLAN ORGANIZATION (DPO)
	IN-NETWORK	OUT-OF-NETWORK	
Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%*	Covered for children under age 19 (with restrictions); Plan pays 90%*	Covered only for children under age 19; No copayment (limitations apply)
Routine Fillings	Plan pays 80%*	Plan pays 70%*	Covered; Copayments may apply**
Simple Extraction	Plan pays 80%*	Plan pays 70%*	Covered after copayment of \$20
Crowns	Plan pays 65%*	Plan pays 55%*	Covered after copayment of \$150–\$225**
Root Canal (Endodontics)	Plan pays 80%*	Plan pays 70%*	Endodontic Therapy covered after copayment of \$100–\$175**
Dentures	Repair of existing dentures covered at 80%;* New or replacement dentures covered at 50%*	Repair of existing dentures covered at 70%;* New or replacement dentures covered at 40%*	Covered after copayment (with limitations)**
Oral Surgery for Removal of Impacted Tooth	Plan pays 80%;* May be covered under the medical plan first, then dental will consider	Plan pays 70%;* May be covered under the medical plan first, then dental will consider	Covered after copayment of \$65
Periodontics	Plan pays 50% (with limitations)	Plan pays 40% (with limitations)	Covered after copayment of: \$30 for gingivectomy (one to three teeth); \$55 for root planing (per quadrant); \$100–\$175** for osseous surgery
Orthodontic	After you have been an employee for 10 months, eligible services covered at a 50% coinsurance level, up to a \$1,000 lifetime maximum per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	After you have been an employee for 10 months, eligible services covered at a 40% coinsurance level, up to a \$750 lifetime maximum (maximum of \$1,000 combined in- and out-of-network) per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	Maximum treatment is 24 months; Copayment as follows: Patient under age 18: \$1,000 or 50% of reasonable and customary charges, whichever is less; Patient age 18 or over: \$1,750 or 50% of reasonable and customary charges, whichever is less

* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.

** See the *Employee Dental Plans Member Guidebook* for DPO copayment amounts.