

2021 SEBB Dental Benefits Comparison



For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage or contact the plan directly. A PPO refers to a preferred-provider organization (network). Managed care plans have a closed network. If anything in these charts conflicts with the plan's Certificate of Coverage (COC), the COC takes precedence and prevails. All dental plans include a non-duplication of benefits clause, which applies when you have dental coverage under more than one account.

Annual costs	Uniform Dental Plan ¹ (Group 09600 Delta Dental PPO)	DeltaCare ² (Group 09601)	Willamette Dental Group ² (Group WA733)
Deductible	You pay \$50/person up to \$150/family	None	None
Plan maximum (see specific benefit maximums below)	You pay amounts over \$1,750	No general plan maximum	No general plan maximum

Benefits	Uniform Dental Plan ¹ (Group 09600 Delta Dental PPO)	DeltaCare ² (Group 09601)	Willamette Dental Group ² (Group WA733)
	You pay after deductible:	You pay:	You pay:
Dentures	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	\$140 for complete upper or lower
Endodontics (root canals)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	\$100 to \$150
Nonsurgical TMJ	30% of costs until plan has paid \$500 for PPO, out of state, or non-PPO; then any amount over \$500 in member's lifetime	30% of costs, then any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime	Any amount over \$1,000 per year and \$5,000 in member's lifetime
Oral surgery	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract erupted teeth	\$10 to \$50 to extract erupted teeth
Orthodontia	50% of costs until the plan has paid a maximum of \$1,750 for member's lifetime (separate from the annual maximum of \$1,750)	Up to \$1,500 copay per case	Up to \$1,500 copay per case
Orthognathic surgery	30% of costs until plan has paid \$5,000 for PPO, out of state, or non-PPO; then any amount over \$5,000 in member's lifetime	30% of the lesser of the maximum allowable or the fees actually charged; then any amount over \$5,000 in member's lifetime	30%, then any amount over \$5,000 in member's lifetime
Periodontic services (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	\$15 to \$100
Preventive/diagnostic (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	\$0
Restorative fillings	20% PPO and out of state; 30% non-PPO	\$10 to \$50	\$10 to \$50
Restorative crowns	50% PPO and out of state; 60% non-PPO	\$100 to \$175	\$100 to \$175

¹ Preferred-provider plan (PPO)
² Managed-care plans

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