

2023 SEBB Dental Benefits Comparison

The chart below shows what you pay for dental services. Before you select a plan or provider, compare dental plans to find out what services are covered, which providers are in-network, and your costs for care. For information on specific benefits and exclusions, refer to the plan's certificate of coverage (COC) or contact the plan directly. If anything in these charts conflict with the plan's COC, the COC takes precedence and prevails.

DeltaCare and Willamette Dental Group are managed-care plans. You must select and receive care from a primary care dental provider in that plan's network.

Uniform Dental Plan is a preferred-provider organization (PPO) plan. You can choose any dental provider and change providers at any time. You must meet the deductible before the plan pays for most services under this plan.

All dental plans include a nonduplication of benefits clause, which applies when you have dental coverage under more than one account.

| Cost of Benefits (What you pay) | Managed Care Plans | | Preferred Provider Organization (PPO) | |
|--|---|--|--|---------|
| | DeltaCare (Group 09601) | Willamette Dental Group (Group WA733) ¹ | Uniform Dental Plan (Group 09600 Delta Dental PPO) | |
| | | | PPO and out-of-state | Non-PPO |
| Annual costs | | | | |
| Deductible | None | | You pay \$50/person, \$150/family | |
| Annual maximum | None | | You pay amounts over \$1,750 | |
| Services | | | | |
| Crowns | \$100 to \$175 | | 50% | 60% |
| Dentures | \$140 for complete upper or lower | | 50% | 60% |
| Fillings | \$10 to \$50 | | 20% | 30% |
| Nonsurgical TMJ | 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 after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime | 30% of costs until plan has paid \$500, then any amount over \$500 in member's lifetime | |
| Oral surgery | \$10 to \$50 to extract a tooth | | 20% | 30% |
| Orthodontia | Up to \$1,500 copay per case | | 50% of costs until plan has paid \$1,750, then any amount over \$1,750 in member's lifetime (deductible doesn't apply) | |
| Orthognathic surgery | 30% of costs until plan has paid \$5,000, then any amount over \$5,000 in member's lifetime | | 30% of costs until plan has paid \$5,000, then any amount over \$5,000 in member's lifetime | |
| Periodontic services (treatment of gum disease) | \$15 to \$100 | | 20% | 30% |
| Preventive services | \$0 | | \$0 (deductible doesn't apply) | 20% |
| Root canals (endodontics) | \$100 to \$150 | | 20% | 30% |

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. **Employees:** Your payroll or benefits office. **SEBB Continuation Coverage members:** Call us at 1-800-200-1004 (TRS: 711).

¹ Underwritten by Willamette Dental of Washington, Inc. Managed care plan.