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# DENTAL PLANS 2026

## AETNA
## COMPBENEFITS (HUMANA)

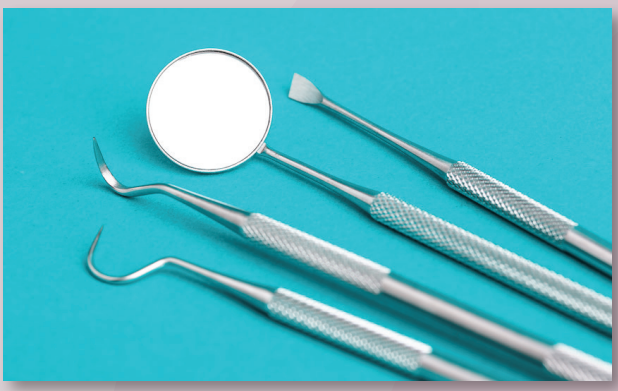
Established 1915
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County Public Schools

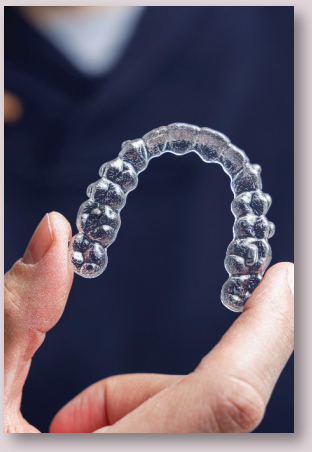
Members may choose from one (1) of eight (8) Dental Plans offered by Aetna and CompBenefits (Humana).

The Dental Health Maintenance Organization (DHMO) plans provide In-Network benefits only; therefore, members must pre-select a General Dentist from the network. There are typically no calendar year maximums, deductibles, waiting periods or claim forms. Co-payments are required for certain procedures.



The District offers both Basic and Enhanced Plans. The difference between the Basic and the Enhanced Plans are when utilizing the services of a Specialist. Members enrolled in the Basic DHMO Plan, requiring the services of a Specialist, will receive a 25% discount from the Dentists' Usual and Customary (U&C) fees. For the Enhanced DHMO, the co-payments listed in the Schedule of Benefits are the maximum fees that will be charged when visiting a Specialist.







A complete listing, by carrier, of the co-payments associated with each procedure (Schedule of Benefits), can be found on the specific carrier's website.

**Aetna**:
https://www.aetnaresource.com/p/SBBC

**CompBenefits (Humana)**:
https://your.humana.com/sbbc

Additionally, a listing of the In-Network providers can also be found on each carrier's website.



The DHMO Comparison Chart compares the four (4) DHMO plans that are available. Additionally, a Procedure Cost Comparison Chart; by carrier, provides a side-by-side comparison of select dental procedures. The plans are very similar; however, the providers within each network may differ.

# DHMO COMPARISONS

| Plan Provisions | Aetna<br>Must utilize In-Network providers to obtain benefits. | | CompBenefits (Humana)<br>Must utilize In-Network providers to obtain benefits. | |
|---|---|---|---|---|
| **Plan** | Basic | Enhanced | **Basic<br>SBBC97** | **Enhanced<br>FGC+B** |
| Annual Deductible | None | None | None | None |
| Annual Benefit Maximum | None | None | None | None |
| Specialty Care | U&C less 25%* | Listed co-payment | U&C less 25%* | Listed co-payment |
| Specialist Referral Required | Yes | Yes | No | No |
| **Diagnostic & Preventative**<br>Oral exams, cleanings, X-rays, topical fluoride treatments, etc. | Most services are covered at no charge. | Most services are covered at no charge. | Most services are covered at no charge. | Most services are covered at no charge. |
| **Basic Services**<br>Fillings, root canals, periodontal scaling, oral surgery, extractions, etc. | Covered at the listed co-payment if performed by your General Dentist. | Covered at the listed co-payment. | Covered at the listed co-payment if performed by your General Dentist. | Covered at the listed co-payment. |
| **Major Services**<br>Crowns, dentures, bridgework, etc. | Covered at the listed co-payment if performed by your General Dentist. | Covered at the listed co-payment. | Covered at the listed co-payment if performed by your General Dentist. | Covered at the listed co-payment. |
| **Orthodontia (braces) Adult and Children** | 25% Discount | Covered at the listed co-payment. | 25% Discount | Covered at the listed co-payment. |

*This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.*
**U&C refers to the usual and customary fees that are charged for dental services by an In-Network participating dentist.*

# DHMO PROCEDURE COST COMPARISONS

| Procedure | Aetna<br>Must utilize In-Network providers to obtain benefits. | | CompBenefits (Humana)<br>Must utilize In-Network providers to obtain benefits. | |
|---|---|---|---|---|
| **Preventative**<br>1110 Cleaning | **Basic**<br>$0.00 | **Enhanced**<br>$0.00 | **Basic**<br>$0.00 | **Enhanced**<br>$0.00 |
| **Restorative** | | | | |
| 2330 White Filling (front-1 surface) | $0.00 | $12.00* | $0.00 | $12.00 |
| 2331 White Filling (front-2 surfaces) | $0.00 | $20.00* | $0.00 | $20.00 |
| 2332 White Filling (front-3 surfaces) | $0.00 | $25.00* | $0.00 | $25.00 |
| 2335 White Filling (front-4+ surfaces) | $0.00 | $72.00* | $0.00 | Not Covered |
| 2391 White Filling (back-1 surface) | $22.00* | $63.00* | U&C Less 25% | U&C Less 25% |
| 2392 White Filling (back-2 surfaces) | $32.00* | $75.00* | U&C Less 25% | U&C Less 25% |
| 2393 White Filling (back-3 surfaces) | $43.00* | $80.00* | U&C Less 25% | U&C Less 25% |
| 2790 Crown | $488.00* | $362.00* | $185.00 | $185.00 |
| **Endodontics** | | | | |
| 3320 Root Canal - Bicuspid | $130.00 | $130.00 | $135.00 | $135.00 |
| 3330 Root Canal - Molar | $175.00 | $175.00 | $175.00 | $175.00 |
| **Oral Surgery** | | | | |
| 7220 Removal of Impacted tooth - soft tissue | $25.00 | $25.00 | $25.00 | $25.00 |
| 7240 Removal of Impacted tooth - completely bony | $75.00 | $75.00 | $75.00 | $75.00 |
| **Implants** | | | | |
| 6010 Endosteal | U&C Less 25% | $1,215.00 | U&C Less 25% | U&C Less 25% |
| 6040 Eposteal | U&C Less 25% | U&C Less 25% | U&C Less 25% | U&C Less 25% |

*This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.*
***Basic Plans:** Co-payments are applicable when treatment is performed by an In-Network General Dentist only.*
***Enhanced Plans:** Co-payments are applicable when treatment is performed by a General Dentist or Specialist.*
** Cost includes lab and material fees.*

The following carriers offer Preferred Provider Organization (PPO) Dental Plans:

**Aetna**
**CompBenefits (Humana)**

The PPO Plans offered by Aetna and CompBenefits (Humana) allow members to choose an In-Network or Out-of-Network Dentist; however, when utilizing an Out-of-Network Dentist, the out-of-pocket expenses will increase. The PPO Plans include a calendar year maximum.



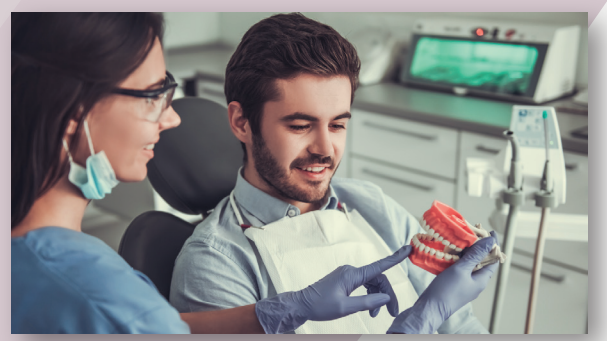
A listing of the In-Network providers can be found on the carrier's website.

**Aetna:**
https://www.aetnaresource.com/p/SBBC

**CompBenefits (Humana):**
https://your.humana.com/sbbc

If the dental office does not file claims on the member's behalf, a claim form will need to be submitted, by the member, to the carrier in order to receive reimbursement.

Below is a PPO Comparison Chart, which compares the four (4) PPO Plans that are available. The plans are very similar; however, the providers within each network may differ.



# PPO COMPARISONS

| Plan Provisions | Aetna<br>In-Network and Out-of-Network providers available. | | CompBenefits (Humana)<br>In-Network and Out-of-Network providers available. | |
|---|---|---|---|---|
| Annual Deductible<br><br>Annual Benefit Maximum | **Basic**<br>$25.00 PP In-Network<br>$50.00 PP Out-of-Network<br>$1,250 | **Enhanced**<br>$25.00 PP In-Network<br>$50.00 PP Out-of-Network<br>$2,000 | **Basic**<br>$25.00 PP In-Network<br>$50.00 PP Out-of-Network<br>$1,250 | **Enhanced**<br>$25.00 PP In-Network<br>$50.00 PP Out-of-Network<br>$2,000 |
| **Diagnostic & Preventative**<br>Oral exams, cleanings, X-rays, topical fluoride treatments, etc. | IN: 100%, no deductible<br>OON: 90%, no deductible | IN: 100%, no deductible<br>OON: 90%, no deductible | IN: 100%, no deductible<br>OON: 90%, no deductible | IN: 100%, no deductible<br>OON: 90%, no deductible |
| **Basic Services**<br>Fillings, root canals, periodontal scaling, oral surgery, extractions, etc. | IN: 80%, after deductible<br>OON: 70%, after deductible | IN: 80%, after deductible<br>OON: 70%, after deductible | IN: 80%, after deductible<br>OON: 70%, after deductible | IN: 80%, after deductible<br>OON: 70%, after deductible |
| **Major Services**<br>Crowns, dentures, bridgework, implants, etc. | IN: 50%, after deductible<br>OON: 40%, after deductible | IN: 50%, after deductible<br>OON: 40%, after deductible | IN: 50%, after deductible<br>OON: 40%, after deductible | IN: 50%, after deductible<br>OON: 40%, after deductible |
| **Orthodontia (braces)** | Not Covered | Children and adult benefits available. | Not Covered | Children and adult benefits available. |

*This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.*
*"IN" means In-Network and "OON" means Out-of-Network*
*PP - Per Person*

# IN-NETWORK VS. OUT-OF-NETWORK SAVINGS EXAMPLE

This hypothetical example illustrates the savings that can be realized when utilizing an In-Network Dentist.

Out-of-Network benefits are paid based on a Usual & Customary (U&C) charge. The U&C charge is based on the lowest of:

- *The Dentist's actual charge*
- *The Dentist's usual charge for same or similar services or*
- *The usual charge of most Dentists in the same geographic area for same or similar services*

For example, if the Dentist suggests that a crown is needed, the following fees will apply:

- In-Network Fee: $375.00
- U&C Fee: $500.00
- Dentist's Usual Fee: $600.00

| IN-NETWORK<br>Utilizing approved provider list<br>at a cost savings | | OUT-OF-NETWORK<br>Choice of Dentists at a higher cost | |
|---|---|---|---|
| Dentist's Usual Fee is: | $600.00 | Dentist's Usual Fee is: | $600.00 |
| The In-Network fee is: | $375.00 | | |
| | | | |
| Plan Pays:<br>50% X $375 | $187.50 | Plan Pays:<br>40% X $500 U&C Fee | $200.00 |
| Out-of-Pocket Cost:<br>($375 - $187.50) | $187.50 | Out-of-Pocket Cost:<br>($600 - $200) | $400.00 |

In this example, the cost savings is: $212.50
($400.00 minus $187.50)
by using an In-Network Dentist.



- *The amounts shown are for illustrative purposes only – the amounts do not reflect the exact cost for the procedure listed.*
- *This example assumes that the annual deductible has been met.*
- *The above example is for plans, which utilize a Usual & Customary Rate (UCR) method for Out-of-Network.*





# CUSTOMER SERVICE

**Aetna:** 800-562-7822 or 954-858-3262

**CompBenefits (Humana):** 866-890-4464 or 954-527-4088

**Benefits Department:** 754-321-3100
7770 W. Oakland Park Blvd.
Sunrise, FL 33351

browardschools.com/benefits

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