YOUR BENEFITS. • YOUR CHOICES. • YOUR HEALTH.

DENTAL PLANS 2027

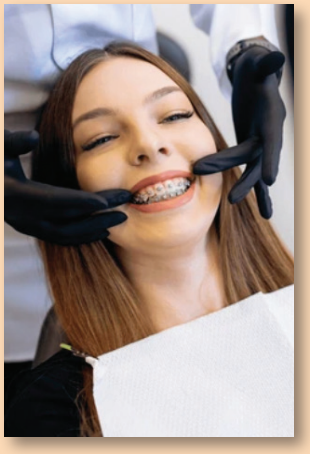
AETNA
COMPBENEFITS (HUMANA)

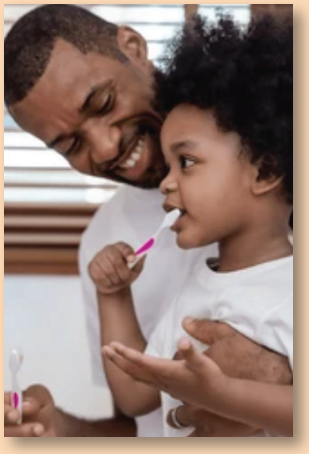
Established 1915
BROWARD
County Public Schools

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 Must utilize In-Network providers to obtain benefits.		CompBenefits (Humana) Must utilize In-Network providers to obtain benefits.	
Plan	Basic	Enhanced	**Basic** **SBBC97**	**Enhanced** **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 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 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 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 Must utilize In-Network providers to obtain benefits.		CompBenefits (Humana) Must utilize In-Network providers to obtain benefits.	
Preventative	**Basic**	**Enhanced**	**Basic**	**Enhanced**
1110 Cleaning	$0.00	$0.00	$0.00	$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 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 In-Network and Out-of-Network providers available.		CompBenefits (Humana) In-Network and Out-of-Network providers available.	
	Basic	**Enhanced**	**Basic**	**Enhanced**
Annual Deductible Annual Benefit Maximum	$25.00 PP In-Network $50.00 PP Out-of-Network $1,250	$25.00 PP In-Network $50.00 PP Out-of-Network $2,000	$25.00 PP In-Network $50.00 PP Out-of-Network $1,250	$25.00 PP In-Network $50.00 PP Out-of-Network $2,000
Diagnostic & Preventative Oral exams, cleanings, X-rays, topical fluoride treatments, etc.	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible
Basic Services Fillings, root canals, periodontal scaling, oral surgery, extractions, etc.	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible
Major Services Crowns, dentures, bridgework, implants, etc.	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible 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 Utilizing approved provider list at a cost savings		OUT-OF-NETWORK 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: 50% X $375	$187.50	Plan Pays: 40% X $500 U&C Fee	$200.00
Out-of-Pocket Cost: ($375 - $187.50)	$187.50	Out-of-Pocket Cost: ($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

Benefits & Employment Services
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