

Your Dental Plan Options

You may choose from two dental plan options. Both plans provide coverage for preventive care (cleanings and X-rays) and basic services. The plans differ in how they work, how you pay for services and which dentists you may use. The plans offered are:

- **Employers Dental Services DMO (EDS)** — This plan works somewhat like the medical HMO plan. You select a dental office for you and your entire family. You and your enrolled dependents will be seen by the dental office you choose. No referral is necessary to see a specialist.

If you are enrolling in EDS for the first time, before you can receive services, you must select and notify EDS of your choice of a primary dentist.

1. Select a dentist from the EDS website. How? Go to:

▶ www.mydentalplan.net

▶ Click on For Members.

▶ Click on Dentist Search and select a dentist.

▶ Search by location or name or download the entire list and identify a dentist.

▶ Click on For Members.

▶ Click on Change Dentists.

▶ Complete the on-line form.

— OR —

2. Call EDS Customer Service at (520) 696-4343.

If you do not complete this selection process, EDS will automatically assign you a dentist. To select a different dentist, follow the instructions above.

- **United Concordia PPO/Indemnity** — This plan offers members the flexibility of receiving care from either a participating or a non-participating dentist. Using a non-participating dentist rather than a network dentist will result in a higher cost to the member. With network dentists, members enjoy the convenience of out-of-pocket savings and no claims to file. Visit United Concordia's website at www.ucci.com and select the Find a Dentist link. Click on the **Advantage Plus** national network. If your current dentists are not in the United Concordia network, you are encouraged to *nominate* them by selecting the blue member icon and then choosing the Member Information and Forms link on the left side of the web page.

Dental Plan Summaries

Following is a brief summary of the dental plans offered. Please refer to the applicable coverage documentation provided by Employers Dental Services and United Concordia for full benefit descriptions.

	Employers Dental Services DMO	United Concordia PPO/Indemnity Dental Plan	
	In-network only	In-network- Advantage <i>Plus</i>	Out-of-network
Plan Year Deductible	\$0	\$25 person \$75 family	\$50 person \$150 family
Diagnostic and preventive services (cleanings, X-rays, exams)	You pay a \$5 copay for routine office visits; \$7 for an adult or \$5 for a child “healthy-mouth” cleaning. You pay nothing for initial exam, periodic oral exam, X-rays and children’s fluoride treatment. There is no maximum number of times you can use these services each year. <i>[See note below.]</i>	You pay 10%; deductible is waived. (one exam and cleaning every 6 months)	You pay 20%; deductible is waived.
Basic services (fillings, endodontics, periodontics, oral surgery)	You pay \$13 a 1-surface resin filling, \$80 for a full mouth debridement and \$185 for an anterior root canal. There is no maximum number of times you can use these services each year. <i>[See note below.]</i>	You pay 10%, after the deductible.	You pay 20%, after the deductible.
Major services (crowns, bridges, dentures)	You pay \$280 + lab for crowns, \$325+lab for upper or lower dentures. Copays depend on the services received. There is no maximum number of times you can use these services each year.	You pay 40%, after deductible.	You pay 50%, after deductible.
Orthodontia	EDS contracted orthodontists offer 25% off their normal and customary fees for adults and children.	You pay 40%; deductible is waived.	You pay 40%; deductible is waived.
Plan Year Maximum Benefit	None	\$2,000 per person	\$1,500 per person
Lifetime Orthodontic Max.	None	\$2,000 per person	\$1,500 per person

Note: A full mouth debridement is an intensive cleaning and members are charged considerably more than for healthy mouth cleanings. Before having your teeth cleaned, you are encouraged to confirm with your dentist the type of cleaning to be received and the related charge.

Your Dental Plan Costs

The College contributes the full cost of the employee DMO premium, \$9.03 a month, toward the cost of your dental coverage. The chart below shows how much you will pay (deducted from your first and second paycheck each month) for coverage after the College's contribution has been applied. Due to IRS regulations, the portion of premiums for domestic partners and their dependents, as well as other non-IRS qualified dependents, is on an after-tax basis.

Plan and Coverage	12-month employees will pay twice ea. mo. (total of 24 pays)	10&11-month employees will pay twice ea. mo. (total of 20 pays)	9-month employees will pay twice ea. mo. (total of 19 pays)
Employers Dental Services DMO			
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
Employee Plus One	\$ 4.14	\$ 4.96	\$ 5.22
Employee Plus All	\$ 6.51	\$ 7.81	\$ 8.22
United Concordia PPO/Indemnity			
Employee Only	\$ 16.50	\$ 19.80	\$ 20.84
Employee Plus One	\$ 35.41	\$ 42.49	\$ 44.73
Employee Plus All	\$ 54.33	\$ 65.19	\$ 68.62