

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

Benefits	Uniform Dental Plan <sup>1</sup> (Group 09600 Delta Dental PPO)	DeltaCare <sup>2</sup> (Group 09601)	Willamette Dental Group <sup>2</sup> (Group WA733)
	<b>You pay after deductible:</b>	<b>You pay:</b>	<b>You pay:</b>
<b>Dentures</b>	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	\$140 for complete upper or lower
<b>Endodontics</b> (root canals)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	\$100 to \$150
<b>Nonsurgical TMJ</b>	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
<b>Oral surgery</b>	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract erupted teeth	\$10 to \$50 to extract erupted teeth
<b>Orthodontia</b>	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
<b>Orthognathic surgery</b>	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
<b>Periodontic services</b> (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	\$15 to \$100
<b>Preventive/diagnostic</b> (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	\$0
<b>Restorative fillings</b>	20% PPO and out of state; 30% non-PPO	\$10 to \$50	\$10 to \$50
<b>Restorative crowns</b>	50% PPO and out of state; 60% non-PPO	\$100 to \$175	\$100 to \$175

<sup>1</sup> Preferred-provider plan (PPO)  
<sup>2</sup> Managed-care plans

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