

SDCERA-sponsored dental plans

When deciding which dental plan will provide the best coverage for you, consider the differences between a dental health maintenance organization (DHMO) plan and a dental preferred provider organization (PPO) plan.

DHMO plans contract with their own network of dentists and all care is coordinated by the dental office you select. You may change your dental office at any time. If you receive care (other than emergency services) that is not coordinated by your dental office, you are required to pay the full cost for the services you receive. The cost of your out-of-pocket expense in a DHMO dental plan is based on a schedule of patient charges. There are no charges for many diagnostic and preventive services, and most other types of service require you to pay a copayment.

Dental PPO plans give you the flexibility to have all covered services provided by the dentist of your choice; however, you pay less if you select a dentist within the network the plan has contracted with to provide services, because network dentists charge patients pre-negotiated discount rates for services. If you choose to see an out-of-network dentist, the reimbursement amount is based on the network's regional schedule of benefits for a geographic area. If your dentist charges more than a network dentist's allowed fee, you are responsible for paying the difference.

To enroll in a dental plan listed below and establish payment deductions to cover the cost of plan premiums, complete and submit the SDCERA *Health Insurance Plans Enrollment* form on the Health page of www.sdcera.org.

Dental plans

for retired Members and dependents

Refer to each plan's coverage documents for exact terms and conditions of coverage. If there is a discrepancy between this summary chart and the plan documents, the plan documents will govern.

	CIGNA Dental Care (DHMO)	Delta Dental PPO	
	1.800.244.6224 Group number 3217340 www.cigna.com This plan is available in 39 of 50 states. States without coverage: AK, HI, ME, MT, ND, NE, NM, RI, SD, VT and WY.	1.800.765.6003 Group number 02472-00001 www.deltadentalins.com This plan provides coverage nationwide.	
Monthly premium per person [†]	\$18.64	\$45.73	
Annual deductible Any applicable deductible must be met before coverage shown is effective unless noted.	None	IN-NETWORK	OUT-OF-NETWORK*
		\$50 per person	\$50 per person
Annual maximum benefit	No maximum	\$1,500 per person	\$1,000 per person
Basic and restorative services Fillings, sealants, simple extractions	Copayments vary by service; refer to the schedule of patient charges available from the plan.	80% of PPO contracted fee after deductible has been met	80% of PPO contracted fee after deductible has been met
Diagnostic and preventive services Emergency treatment for pain, oral exams, prophylaxis, space maintainers, x-rays	100% for most services	100% of PPO contracted fee with no deductible	100% of PPO contracted fee with no deductible
Other basic and major services Bridges, crowns, dentures, endodontics, implants, oral surgery, periodontal treatment	Copayments vary by service; refer to the schedule of patient charges available from the plan. <i>Implants are not covered under the DHMO plan; however, implant crowns are covered.</i>	50% of PPO contracted fee after deductible has been met	50% of PPO contracted fee after deductible has been met
Orthodontia For adults and eligible dependent children	Copayments vary by service; refer to the schedule of patient charges available from the plan.	50% of PPO contracted fee; \$1,000 lifetime maximum, per person for orthodontia services.	50% of PPO contracted fee; \$1,000 lifetime maximum, per person for orthodontia services.

* If you go out-of-network, visit a Delta Dental Premier dentist for lower costs.

† Different premiums will apply if you enroll four or more people.