

**Carrier: Principal Dental**

***Dental Benefits Analysis***

**IN NETWORK**

	<u>Principal (current)</u>	
	High	Low
Deductible (waived for preventive)	\$0/\$0	\$0/\$0
Preventive	100%	100%
Basic	90%	90%
Major	60%	0%
Orthodontia	50%	not covered
Annual Maximum Benefit	\$1,300	\$1,000
Orthodontia Lifetime Maximum Benefit	\$1,000	not covered

**OUT OF NETWORK**

Deductible (waived for preventive)	\$0/\$0	\$0/\$0
Preventive	100%	100%
Basic	90%	90%
Major	60%	0%
Orthodontia	50%	0%
Annual Maximum Benefit (per covered person)	\$1,300	\$1,000
Orthodontia Lifetime Maximum Benefit (per covered person)	\$1,000	n/a

**RATES**

Employee	\$53.16	\$30.60
Employee + 1 dependents	\$104.05	\$59.16
Employee + 2 or more dependents	\$177.09	\$97.69

**Carrier: MetLife Dental**

***Dental Benefits Analysis***

**IN NETWORK**

	<u>Met Life</u>	
	High	Low
	\$25 (single)	\$25 (single)
	\$50 (two person)	\$50 (two person)
	\$75 (family)	\$75 (family)
Deductible (waived for preventive)		
Preventive	100%	100%
Basic	90%	90%
Major	60%	50%

Orthodontia	50%	not covered
Annual Maximum Benefit (per covered person)	\$2,000	\$1,500
Orthodontia Lifetime Maximum Benefit (per covered person))	\$2,000	not covered
<b>OUT OF NETWORK</b>		
Deductible (waived for preventive)	25/75	25/75
Preventive	100%	100%
Basic	90%	90%
Major	60%	50%
Orthodontia	50%	not covered
Annual Maximum Benefit	\$2,000	\$1,500
Orthodontia Lifetime Maximum Benefit	\$2,000	not covered
<b>RATES</b>		
Employee	\$34.58	\$23.45
Employee + 1 dependents	\$67.67	\$45.33
Employee + 2 or more dependents	\$115.18	\$74.86