

## Dental Plans - Comparison of Benefits

	<b>Anthem Blue Cross/Blue Shield 1-800-307-4414</b>	<b>Care Plus Dental Plans 414-771-6877</b>
<b>1. TYPE OF INSURANCE</b>	Traditional insurance; patient chooses own dentist; insurance covers usual and customary fees; patient pays 20% for most procedures and 50% for prosthodontic (dentures) and orthodontic (braces) procedures	Pre-paid plan; all covered procedures (except orthodontia) fully provided without cost to patient; services provided at one of two Care Plus centers by Care Plus dentists; patient may transfer between centers and among dentists at any time
<b>2. ANNUAL MAXIMUM BENEFIT</b>	\$1,500 per covered person	\$1,500 per covered person during first year in plan; \$2,000 during second year; unlimited thereafter
<b>3. DEDUCTIBLE</b>	\$25 per person per year (maximum of three deductibles per family)	No deductible
<b>4. ORAL EXAMS</b>	Provided at 80% of the charges	Provided in full*
<b>5. DIAGNOSTIC</b>	Provided at 80% of the charges (not subject to deductible)	Provided in full*
<b>6. PREVENTIVE</b>		
(a) Cleanings	Provided at 80% of charges - once every six months (not subject to deductible)	Provided in full*
(b) Flouride Treatment	Provided only for dependents to age 19 (not subject to deductible)	Provided in full*
(c) Sealants	Not provided	Provided in full*
<b>7. EMERGENCY:</b> Relief of pain; treatment of injury to tooth as a result of accident or illness		
(a) In area	Provided at 80% of charges	Provided in full* at a Care Plus facility
(b) Out of area	Provided at 80% of charges	Up to \$80
<b>8. ENDODONTICS:</b>		
(a) Root canal therapy	Provided at 80% of charges	Provided in full*
(b) Apicoectomy: surgical extraction of root	Provided at 80% of charges	Provided in full* to the extent not covered by your health care plan
<b>9. PERIODONTICS:</b> Treatment of diseases of the gums and supportive tissue	Provided at 80% of charges	Provided in full* to the extent not covered by your health care plan
<b>10. PROSTHODONTICS:</b> Fabrication of artificial teeth		
(a) Complete denture	Provided at 50% of charges	Provided in full*
(b) Partial dentures	Provided at 50% of charges	Provided in full*
(c) Fixed bridge work	Provided at 50% of charges	Provided in full*
<b>11. ORAL SURGERY:</b> Services for extractions, incisions, sutures	Provided at 80% for procedures not covered by your health care plan	Provided in full* for procedures not covered by your health care plan
<b>12. RESTORATIVE</b>		
(a) Direct fillings	Provided at 80% of charges	Provided in full*
(b) Crowns, inlays, onlays (to restore diseased or broken teeth)	Provided at 80% as necessary	Provided in full* as necessary
<b>13. ORTHODONTICS:</b> Therapy to correct bite and malocclusions		
(a) Age limit	Payable at 50% subject of a lifetime maximum of \$1,500 per covered person (not subject to deductible)  Covers only dependents until their 19th birthday	Provided in full after \$400 per covered person deductible is met  No maximum age limit
(b) Benefit limit	\$1,500 lifetime maximum per covered dependent	One complete course of treatment per covered person per lifetime
<b>14. NUMBER OF LOCATIONS</b>	Patient's choice	Two (2)
<b>15. EVENING &amp; SATURDAY HOURS</b>	Depends on dentist	Yes
		*All benefits are subject to the annual maximum of \$1,500 (1st year), \$2,000 (2nd year), and unlimited thereafter
<b>DEPENDENT DEFINITION</b>	For dental insurance coverage, "dependent" includes the subscriber's spouse and children. Children are considered dependents until they marry or reach age 19. In addition, unmarried children between the ages of 19 and 25 are generally considered dependents if they receive more than 50% of their support from the subscriber and reside within the same household. (Dependent students who are away from home attending college are considered to reside within the same household.)	