



DENTAL INSURANCE PROGRAM COMPARISON

	CARE-PLUS PREPAID	STANDARD ² PLAN
MAXIMUM COVERAGE Per person per plan year	\$1,500	\$1,500
DEDUCTIBLE Per person per plan year Family maximum	None	\$ 75 \$225
DIAGNOSTIC Examination and necessary x-rays	No Charge to Maximum	100%* (not subject to deductible)
PREVENTIVE Prophylaxis (cleaning), fluoride treatment, preventive training, space maintainers	No Charge to Maximum (does not reduce annual benefit)	100%* (not subject to deductible)
RESTORATIVE Amalgam and composite fillings, porcelain to metal crowns	No Charge to Maximum	80% to Maximum
PROSTHETICS Full and partial dentures, fixed bridges, repairs and additions	No Charge to Maximum	50% to Maximum
ENDODONTICS Pulpal therapy, root canals, apicoectomy	No Charge to Maximum	80% to Maximum
ORAL SURGERY¹ Simple extractions	No Charge to Maximum	80% to Maximum
PERIODONTICS¹ Treatment for diseases of gums and tissue of the mouth	No Charge to Maximum	80% to Maximum
DEPENDENT ELIGIBILITY	Covered through the end of the month turn 26 – refer to backside for full details.	Covered through the end of the month turn 26 – refer to backside for full details.
ORTHODONTICS (lifetime maximum benefit) To age 19	Patient pays first \$500	Anthem pays 50% of first \$2,400 (not subject to deductible; benefit is in addition to the \$1500 max. coverage benefit noted above)

Example
\$3,400 Case

You Pay
\$500³

You Pay
\$2,200

¹Does not duplicate medical coverage.

²Usual and Customary charge applies for all services in Standard Plan.

³Convenient payment plan available.

***SUBJECT TO YEARLY MAXIMUM**

DEPENDENT DEFINITION:

Dependent means a covered employee's/retiree's:

1. Legally recognized spouse;
2. Natural blood related child, step-child, legally adopted child or a child under your legal guardianship as determined with a court decree whose age is less than the limiting age. Each child must legally qualify as a dependent as defined by the United States Internal Revenue Service guidelines or applicable State Statutes.

Limiting age and eligibility criteria:

Dependent children under age 26 (as required by federal and state mandates):

The limiting age for each dependent child is the end of the month he or she attains the age of 26 years, regardless if the child is:

- a. Married;
- b. A tax dependent;
- c. A student;
- d. Employed;
- e. Residing with or receives financial support from you; or
- f. Eligible for other coverage through employment.

Dependent child, age 26 and older (as required by State mandate), who is called to federal active duty:

The limiting age is any age for each dependent child age 26 and older when they meet the requirements outlined below. Dependent termination is the end of the month they no longer meet these requirements.

- The child is a full-time student; and
 - The child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending an institution of higher education on a full-time basis; and
 - The child was under age 27 when called to federal active duty; and
 - The child applies for full-time student status at an institution of higher education up to 12 months after completing active duty; and
 - If the child is called to active duty more than once within a four-year period of time, the child's age at the time of their first call to active duty will be used when determining eligibility under this Plan.
3. A covered employee's/retiree's child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order;
 4. Grandchild, as long as the employee's/retiree's covered dependent, who is the parent of the grandchild, is not yet age 18.

You must furnish satisfactory proof to the City upon request that the above conditions continuously exist. If satisfactory proof is not submitted to the City, the child's coverage will not continue beyond the last date of eligibility.

A covered dependent child who attains the limiting age while covered under the Plan will remain eligible for medical benefits if all of the following exist at the same time:

1. Permanently mentally disabled or permanently physically handicapped;
2. Incapable of self-sustaining employment;
3. The child meets all of the qualifications of a dependent as determined by the United States Internal Revenue Service;
4. Unmarried.

You must furnish satisfactory proof to the City that the above conditions continuously exist on and after the date the limiting age is reached. The City may not request such proof more often than annually after two years from the date the first proof was furnished. If satisfactory proof is not submitted to the City, the child's coverage will not continue beyond the last date of eligibility.