



## 2020 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). If anything in these charts conflicts with the plan's Certificate of Coverage (COC), the COC takes precedence and prevails.

Annual costs	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600)	DeltaCare (Group 09601)	Willamette Dental Group (Group WA 733)
Deductible	\$50 individual/ up to \$150 family	None	None
Plan maximum (see specific benefit maximums below)	\$1,750	No general plan maximum	No general plan maximum

Benefits	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600)	DeltaCare (Group 09601)	Willamette Dental (Group WA 733)
	<b>You pay after deductible:</b>	<b>You pay:</b>	
Dentures	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	\$140 for complete upper or lower
Root canals (endodontics)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	\$100 to \$150
Nonsurgical TMJ	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
Oral surgery	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract erupted teeth	\$10 to \$50 to extract erupted teeth

(continued)

Benefits	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600 PPO)	DeltaCare (Group 09601)	Williamette Dental (Group WA733)
	You pay after deductible:	You pay:	
Orthodontia	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
Orthognathic surgery	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
Periodontic services (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	\$15 to \$100
Preventive/ diagnostic (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	\$0
Restorative fillings	20% PPO and out of state; 30% non-PPO	\$10 to \$50	\$10 to \$50
Restorative crowns	50% PPO and out of state; 60% non-PPO	\$100 to \$175	\$100 to \$175

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. Employees: Your payroll or benefits office. SEBB Continuation Coverage members: The Health Care Authority at 1-800-200-1004 (TRS: 711).