

Dental Plan Comparison

Here's a comparison of the plan options available to you. Having trouble deciding? Call Health Advocate at 866-799-2731 for expert advice.

	Core Dental Plan		Core Plus Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50	\$100	\$0	\$0
Family	\$150	\$300	\$0	\$0
Calendar Year Plan Maximum				
Per Individual	\$1,500		\$3,500	
	You Pay		You Pay	
Preventive Care				
Exams, Cleanings, Fluoride Treatments	\$0	\$0	\$0	\$0
Basic Services				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%*	50%*	10%*	20%*
Major Procedures				
Crowns, Inlays/Onlays, Denture and Bridgework, Repairs	50%*	50%*	35%*	50%*
Orthodontia				
24-Month Treatment Fee—Additional fees may apply for pre-ortho visits and treatment, banding, records and retention				
Adults	Not covered		50%, up to a lifetime maximum benefit of \$3,500 per individual; deductible waived	
Children (up to 19th birthday)				