

## Dental Plan Comparison Chart

These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs).  
If any discrepancy exists between this summary and the official plan documents, the official plan documents will prevail.

Benefits Dental Co-Pays/Limits	County Self-Funded Dental Plan In-Network & Out-of-Network <sup>1</sup>		Golden West Pacesetter Dental HMO Co-Pay Amounts
	In-Network	Out-of-Network	
<b>Annual Deductible</b>	None for preventive services, \$50 individual \$100 family	None for preventive services, \$50 individual \$100 family	None
<b>Calendar Year Maximum</b>	\$1,500/person	\$1,500/person	None
<b>Diagnostic &amp; Preventive</b>			
Exams	No charge	No charge <sup>1</sup>	No charge
Cleaning	No charge	No charge <sup>1</sup>	No charge
Full Mouth X-rays	No charge	No charge <sup>1</sup>	No charge
Topical Fluoride – Child	No charge	No charge <sup>1</sup>	No charge
Sealants (per tooth)	No charge	No charge <sup>1</sup>	\$20
<b>Restorative</b>			
Fillings	20%	20% <sup>1</sup>	\$8 - \$25 depending on type
<b>Endodontics</b>			
Single Root Canal	20%	20% <sup>1</sup>	\$100 ( anterior)
Bicuspid Root Canal	20%	20% <sup>1</sup>	\$150
Molar Root Canal	20%	20% <sup>1</sup>	\$200
<b>Periodontics</b>			
Gingival Curettage/Quadrant	20%	20% <sup>1</sup>	Depends on service
Gingivectomy/Quadrant	20%	20% <sup>1</sup>	Depends on service
<b>Crown &amp; Bridge<sup>2</sup></b>			
Crowns	40%	40% <sup>1</sup>	\$250 plus lab fees
Bridges	40%	40% <sup>1</sup>	\$200- \$250 per tooth
<b>Prosthodontics</b>			
Complete Upper Denture	40%	40% <sup>1</sup>	\$250
Full Lower Denture	40%	40% <sup>1</sup>	\$250
<b>Oral Surgery</b>			
Simple Extraction	20%	20% <sup>1</sup>	\$10
Impaction	20%	20% <sup>1</sup>	\$70 - \$120
<b>Cosmetic</b>			
Veneers, Teeth Whitening, White Filling	Not covered	Not covered	\$100 labial veneer
<b>Orthodontics</b>			
Child	40%	40% <sup>1</sup>	\$1,845 + \$350 Diagnostic
Adult (19 & Up)	40%	40% <sup>1</sup>	\$2,045 + \$250 Diagnostic
Lifetime Maximum	\$1,200	\$1,200	Discounted Plan Benefits

<sup>1</sup> You will pay any amount charged by your provider that is in excess of what is considered usual, customary and reasonable. If your dental services are provided by a True Advantage provider, there is no charge above the applicable percentage of the provider's contracted amount.