Dental Plan Comparison

Nationwide and Overseas Carriers	In-Network Benefits Plan Pays				Per Person Deductibles		Annual Maximum Benefit per	Orthodontic Lifetime Maximum	Out of Network Benefit
	Preventive (A)	Intermediate (B)	Major (C)	Orthodontic (D)	Intermediate (B)	Major (C)	Person	Limited to Persons up to Age 19	
Aetna	100%	60%	40%	30%	\$0	\$0	\$1,200	\$1500 per person 24 month waiting period	Same % per class based on U&C
GEHA (High Option)	100%	80%	50%	30%	\$0	\$0	\$1,200	\$1500 per person 24 month waiting period	Same % per class based on Plan allowance
GEHA (Standard Option)	100% after \$10 copay	55%	35%	30%	\$0	\$0	\$1,200	\$1500 per person 24 month waiting period	Same % per class based on Plan allowance
MetLife (High Option)	100%	70%	50%	50%	\$0	\$0	\$3,000	\$3000 per person 24 month waiting period	Lesser % per class based on U&C
MetLife (Standard Option)	100%	55%	35%	50%	\$0	\$0	\$1,200	\$1500 per person 24 month waiting period	Lesser % per class based on U&C
United Concordia	100%	80%	50%	50%	Combined Deductible \$75 for Self \$150 for Self and Family		\$1,200	\$1500 per person 24 month waiting period	Emergency Services Only

Regional Carriers	In-Network Benefits Plan Pays				Per Person Deductibles		Annual Maximum Benefit per	Orthodontic Lifetime	Out of Network Benefit
	Preventive (A)	Intermediate (B)	Major (C)	Orthodontic (D)	Intermediate (B)	Major (C)	Person	Maximum	
								\$1500 per	
Triple-S								person 24	
inpic c					•			month waiting	
	100%	70%	40%	50%	\$0	\$0	None	period	None
								\$2000 per	
GHI								person 12	
O III					\$50 up to \$150 for Family			month waiting	Same pymts as in
	100%	100%	100%	100%	Enrollment		\$1,250	period	network
•				• • •	r each procedure levels you receiv	•	re covered at	100% for all char	ges above that
Comp									
Benefits								No lifetime	
Dental								maximum 24	
		/		/	A •	.		month waiting	
	100%	60%	46%	30%	\$0	\$0	None	period	None