

**Comparison of Voluntary  
Dental Plans**

**DENTAL**

May 1, 2018 to April 30, 2019	<b>United Healthcare Dental</b>	<b>Delta Dental</b> (Patient out-of-pocket costs may be lower at a Preferred Provider Dentist)
	<b>D125H-Santa Cruz 150 Plan</b>	<b>A2011 Plan</b>
<b>MONTHLY PREMIUM</b>		
One-party	\$19.32	\$42.20
Two-party	\$28.39	\$79.59
Family	\$44.42	\$106.62
Max per person	None	\$1,000
Calendar Year	None	\$50/150 family max; waived for diagnostic and preventive
Deductible	<b>YOU PAY:</b>	<b>YOU PAY TOTAL COST LESS THE FOLLOWING AMOUNTS THE PLAN PAYS:</b>
<b>PREVENTIVE</b>		
X-rays, full mouth	No charge	\$64
Cleaning	No charge	\$48
Topical fluoride	No charge	\$64 includes cleaning \$16 w/o cleaning
<b>FILLINGS</b>		
One surface	No Charge	\$81
<b>ORAL SURGERY</b>		
Extraction (uncomplicated)	No Charge	\$75
Complete bony impaction	\$75	\$222
<b>ENDODONTICS</b>		
Root canal - Anterior	\$45	\$331
<b>CROWNS &amp; PONTICS</b>	Cost of gold extra*	
Full metal crown	\$125*	\$472
3/4 metal crown	\$125*	\$509
Porcelain w/metal (non-precious; for molar)	\$125	\$470
<b>PROSTHODONTICS</b>		
Partial upper or lower (conventional clasps, rests, and teeth)	\$115	\$532 - Upper \$548 - Lower
Complete upper or lower	\$150	\$706 - Upper \$700 - Lower
<b>ORTHODONTICS</b>		
24-month treatment	\$1,895	Not covered
<b>IMPLANTS</b>		
Surgical Placement of Implant	\$1,035	Not covered

These are only summaries of plan benefits. Not all procedures are represented.  
See respective plan documents at open enrollment meetings for specific coverage provisions.