

City of Crossville
Dental Coverage - 24 months

	1	2	3	4	Plan 1 5	Plan 2 6	Plan 3 7	8	9		
	Ameritas Current	Ameritas Renewal	Blue Cross Alternate Option	Companion Alternate Option	Delta Dental Alternate Option	Guardian Alternate Option	MetLife Alternate Option	MetLife Alternate Option	MetLife Alternate Option	Principal Alternate Option	Humana Alternate Option
Benefit Level											
A Exams, X-Ray & Cleanings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
B Basic Restorative, Endodontics, Periodontics & Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
C Major Restorative & Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual Deductible											
Deductible Per Member, Per Calendar Year	\$50.00	\$50.00	\$50.00	Life Time \$100.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Deductible Per Member, Per Calendar Year	x2	x2	x2	Per Member	x2	x2	x2	x2	x2	x2	x2
Annual Benefit											
Benefit Maximum Per Member, Per Calendar Year	\$1,000.00	\$1,000.00	\$1,250.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,250.00	\$5,000.00	\$5,000.00	\$1,000.00	\$1,000.00
Orthodontics											
Orthodontic Lifetime Maximum Benefit	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Cobra											
		Included	Included	Not Included	Included	Included	Not Included	Not Included	Not Included	Not Included	Not Included
Estimated Monthly Cost											
Dental											
Employee	\$22.20	\$24.76	\$22.05	\$20.04	\$23.00	\$18.95	\$22.03	\$22.03	\$22.03	\$22.72	\$19.95
Employee/Spouse	\$47.84	\$52.68	\$47.52	\$43.22	\$46.02	\$44.75	\$47.48	\$47.48	\$47.48	\$47.67	\$42.99
Employee/Child(ren)	\$65.52	\$71.88	\$65.08	\$56.69	\$59.94	\$61.58	\$65.02	\$65.02	\$65.02	\$60.20	\$58.88
Family	\$90.44	\$99.00	\$89.84	\$79.26	\$92.57	\$87.05	\$89.75	\$89.75	\$89.75	\$93.39	\$81.27
Monthly Total	\$10,266.56	\$11,278.48	\$10,198.06	\$9,067.42	\$10,194.46	\$9,669.68	\$10,188.44	\$10,188.44	\$10,188.44	\$10,315.10	\$9,225.76
% Rate Increase		10%	-1%	-12%	-1%	-6%	-1%	-1%	-1%	0%	-10%

*5 MetLife Plan 1 Annual Benefit increased to \$1250.00
 *6 MetLife Plan 2 Annual Benefit increased to \$5000.00, this plans pays "reasonable and custom" balance billing
 *7 MetLife Plan 3 Annual Benefit increased to \$5000.00, "in network" plan