

## Harrisburg Area Community College Dental Benefits Comparison for 2020

Employee / Employer Cost	DENTAL PLAN TYPES - 2020			
	Dental Standard		Dental High (Buy-up Plan)	
	Employee	Employer	Employee	Employer
Single (cost per month)	\$0.00	\$29.40	\$10.59	\$29.40
Family (cost per month)	\$0.00	\$72.91	\$26.26	\$72.91

Benefit Category	DENTAL PLAN TYPES - 2020			
	Dental Standard		Dental High (Buy-up Plan)	
	In-Network	Non-Network	In-Network	Non-Network
<b>Class I – Diagnostic/Preventive Services</b>	*In-Network & Non-Network coverage is the same for both plans.			
Exams	100%		100%	
Bitewing X-rays				
All Other X-rays				
Cleanings & Fluoride Treatments				
Sealants				
Space Maintainers				
Palliative Treatment				
<b>Class II – Basic Services</b>	80%		100%	
Basic Restorative (Fillings)				
Simple Extractions				
Endodontics				
Nonsurgical Periodontics				
Surgical Periodontics				
Complex Oral Surgery				
General Anesthesia				
<b>Class III – Major Services</b>	50%		80%	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures				
Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures)				
<b>Class IV - Orthodontics</b>	50%		50%	
Diagnostic, Active, Retention Treatment				
Exclusions	*Orthodontics coverage is only for <b>dependent children under age 19</b>		*No age limit on orthodontics	
<b>Maximums &amp; Deductibles</b>				
Annual Program Deductible (per person / per family)	\$25	\$75	\$150	\$450
Annual Program Maximum (per person)	\$2,000 Excludes Orthodontics		\$5,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum	\$1,000		\$2,500	