

## Dental - Compare Options

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This Dental Plan Comparison Chart includes the coverage levels for commonly used services. This comparison chart does not reflect all dental plan services, exclusions, limitations, or restrictions. It is not considered a contract or guarantee of coverage under the Plans. Refer to the [Summary Plan Document](#) located at [www.oraclebenefits.com](http://www.oraclebenefits.com) for more details on Plan provisions and limitations.

Select up to 2 plans to compare

☒ Dental Plan 1 (No Cost)

☒ Dental Plan 2

	Dental Plan 1 (No Cost) <b>MetLife</b>	Dental Plan 2 <b>MetLife</b>
<u>Calendar Year Deductible</u>	Network: \$50 per individual/ \$150 family Non-Network: \$50 per individual/ \$150 family	Network: \$50 per individual/ \$150 family Non-Network: \$50 per individual/ \$150 family
<u>Calendar Year Benefit Maximum</u>	Network: \$2,500 Non-Network: \$2,500	Network: \$2,500 Non-Network: \$2,500
<u>Orthodontia Lifetime Benefit Maximum</u>	Network: Not Covered Non-Network: Not Covered	Network: \$2,500 Non-Network: \$2,500
<u>Preventive Care Coinsurance</u>	Network: 100% (No Deductible) Non-Network: 100% (No Deductible)	Network: 100% (No Deductible) Non-Network: 100% (No Deductible)
<u>Basic Care Coinsurance</u>	Network: 80% (After Deductible) Non-Network: 80% (After Deductible)	Network: 80% (After Deductible) Non-Network: 80% (After Deductible)
<u>Major Care Coinsurance</u>	Network: 50% (After Deductible) Non-Network: 50% (After Deductible)	Network: 80% (After Deductible) Non-Network: 80% (After Deductible)
<u>Orthodontia Coinsurance</u>	Network: Not Covered Non-Network: Not Covered	Network: 50% (No Deductible) Non-Network: 50% (No Deductible)
➤ Preventive Dental Services		
➤ Basic Services		
➤ Major Services		
➤ Orthodontia Services		

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<sup>1</sup> Fluoride and sealant treatments are limited to children to the age of 19 years old. Effective 01/01/2023: Sealants will be limited to one every 36 months upto age of 19, Fluoride will be limited to two every calendar year upto age of 19.

<sup>2</sup> General Anesthetics is covered when given in connection with oral surgery or other covered dental services when medically necessary.

<sup>3</sup> Limited to once every 5 years.

<sup>4</sup> Lost, missing, stolen appliances - not covered. .

<sup>5</sup> Composite fillings and porcelain crowns will be covered 01/01/2023 with no alternate.

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