



2024 DENTAL PLAN COMPARISON

HBS Blue Edge Dental 3WO	CDPHP DELTA	GUARDIAN	MVP HEALTHPLEX PPO	MVP HEALTHPLEX PPO
INN & OON*	INN & OON	INN & OON	INN & OON	INN & OON
Small Groups / NOT ACA Ped Compliant	Small Groups /Not ACA Compliant	Small Groups/Not ACA Compliant	Small Groups/Not ACA Compliant	Sole Proprietors/Not ACA Compliant

Abbreviations used below: AD=After deductible / AMBPP = Annual Max Benefit Per Person / AS = Adult Single / INN=In Network / OON=Out of Network / D&P=diagnostic & preventive / PP=per person / YR=Year / Covd=covered / Med Nec=medical necessity / DP=Domestic Partner / ees=employees / elig=eligible

UCR (usual, customary and reasonable): The amount based on the current fees in a specific area, used to create contractual provider reimbursement amounts upon which claims payments are calculated.

	Annual Deductible	\$50 Single / \$150 Family	\$50 PP / \$150 Family	INN: \$50 PP/Yr / OON: \$75 PP/Yr	Adult (19+) / Families INN & OON \$100 / to 19 \$0 / 19+ \$50	Adult (19+) / Families INN & OON \$100 / to 19 \$0 / 19+ \$50
	Is deductible waived for D&P?	Yes	Yes	Yes	Yes	Yes
	Annual Maximum Benefit/Person (AMBPP)	\$2,000.00/PP	\$2,000/PP	\$1,000/PP	INN + OON \$1K/pp / to 19 \$0 / 19+ \$750/pp	INN + OON \$1K/pp / to 19 \$0 / 19+ \$750/pp
	Does Annual Maximum Benefit include D&P?	No	No	No	Yes	Yes
	Are Waiting Periods imposed for coverage?	No	YES: 6mos WP for major & orthodontic svcs	No	No	No
(D&P) Diagnostic & Preventive Care	Cleanings	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Exams	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
	X-rays	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Flouride Tx	\$0 co-pay Ped dental only	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Space Maintainers	\$0 co-pay Ped dental only	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Basic Restorative Services	Fillings	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Endodontic	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Periodontic	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Simple Extractions	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Oral Surgery	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Repair of dentures	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
Major Restorative (2)	Crown recementation	INN & OON: 20% AD*	INN & OON: 20% AD	INN: 10% AD/ OON: 20% AD	INN & OON: 20% AD	INN & OON: 20% AD
	Crowns & Bridges	INN & OON: 50% AD	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	INN & OON: 50% AD	INN & OON: 50% AD
	Post & Core	INN & OON: 50% AD	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	INN & OON: 50% AD	INN & OON: 50% AD
	Implants	Not covered	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	Not covered	Not covered
	Inlays	INN & OON: 50% AD	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	INN & OON: 50% AD	INN & OON: 50% AD
	Onlays	INN & OON: 50% AD	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	INN & OON: 50% AD	INN & OON: 50% AD
Orthodontic Benefits	Dentures-full/partial	INN & OON: 50% AD	INN & OON: 50% AD	INN: 40% AD / OON: 50% AD	INN & OON: 50% AD	INN & OON: 50% AD
	"Braces"	Med Nec braces not covd; Cosmetic braces covd AD ~ \$1K Lifetime Max ~ Under age 19 only	Kids to age 19 only 50% Cov to MAX 1K lifetime	Not Covered	To age 19 50% / 19+ No Cov	To age 19 50% / 19+ No Cov
Domestic Partners / Kids		DP Yes / Kids to age 30	DP Yes / Kids to age 26	DP Yes / Kids to age 26	DP Yes / Kids to age 26	DP Yes / Kids to age 26
Enrollment Guidelines	APPLIES TO ALL PLANS: New members/employees are eligible first of month following 30 days membership/employment. All others eligible during plan enrollment period(s) or with occurrence of a qualifying event only.					
LATE Enrollment Penalties		N/A	N/A	Basic 6mos /Major 1yr	N/A	N/A
Participation Requirements		None	50% of elig ees must enroll	30hrs/wk 75-100% ees reqd.	N/A	N/A
Rollover Benefit?		N/A	N/A	Pt of ea unused Ann Max Benefit is carried fwd to following year.	N/A	N/A
Monthly Premiums	Employee	\$32.61	\$46.44	\$64.71	Adult (19+) / Families \$19.78	Adult (19+) / Families \$18.67
	**Employee/Spouse	\$58.32	\$94.41	\$124.29	\$35.19	\$32.96
	Employee/Child(ren)	\$77.37	\$97.68	N/A	\$40.09	N/A
	Family	\$117.74	\$145.84	\$176.90	\$59.68	N/A

Important	<p>(1) Delta imposes a 6month waiting period for major restorative & orthodontic services. Eff April 1,2023, Guardian's rates are <i>guaranteed</i> for two years .</p> <p>(2) Pre-determination & prior authorization is required for most Major Restorative services & for any work totalling over \$300.00.</p> <p>*Highmark BS's in network (INN) fee schedule is contractual & providers do not balance bill. Out of network (OON) services are reimbursed the same rate, but providers may balance bill.</p>
Notes	<p>** Guardian's second tier rate is Employee +1. That "+1" can be either a spouse, domestic partner or a child.</p> <p>Monthly premiums above include the chamber's \$4/mo consultative fee.</p> <p style="text-align: right;">This is an overview of benefits available under these plans - it is NOT a contract.</p> <p style="text-align: right; font-size: x-small;">updated11.6.2023</p>