

**COMPARATIVE HIGHLIGHTS OF MATC DENTAL PLANS**

**For MATC Full-Time Employees who are**

**Members of AFSCME Local 587**

	<b>Humana Dental</b>	<b><u>CarePlus Dental (no new enrollments)</u></b>
	Svcs may be provided by any qualified dental facility	All svcs must be provided by a Dental Associates clinic
<b>Maximum Annual Benefit</b> (per covered person)	\$2,000.00	\$1,500.00
<b>Annual Deductible</b> (per covered person)	\$25.00	\$0.00
<b><u>Diagnostic &amp; Preventive Services</u></b>		
Routine exams, x-rays, hygiene	100% of Usual & Customary fees - no deductible applies	100% of clinic's fees
<b><u>Other Services</u></b>		
Fillings	100% of Usual & Customary fees after deductible met	100% of clinic's fees
Temporary Crowns	80% of Usual & Customary fees after deductible met	100% of clinic's fees
Porcelain to Semi-Precious Crowns	50% of Usual & Customary fees after deductible met	100% of clinic's fees
Root Canals	80% of Usual & Customary fees after deductible met	100% of clinic's fees
Oral Surgeries	80% of Usual & Customary fees after deductible met	100% of clinic's fees
Periodontics (treatment of gum disease)	80% of Usual & Customary fees after deductible met	100% of clinic's fees
Bridges/dentures or their repair	50% of Usual & Customary fees after deductible met	100% of clinic's fees
<b><u>Orthodontics (braces)</u></b>	50% of Usual & Customary fees after deductible met; up to \$1,500 lifetime maximum per child under age 19	100% of clinic's fees after \$500 deductible per covered adult or child