

COMPARATIVE HIGHLIGHTS OF MATC DENTAL PLANS			
For MATC Full-Time Employees			
Non-Represented, AFT Local 212, IBEW Local 715			
			<i>No new enrollments permitted in this plan - info furnished for benefit of current CarePlus members only</i>
	<u>Humana Dental</u>		<u>CarePlus Dental</u>
	Svcs may be provided by any qualified dental facility		All svcs must be provided by a Dental Associates clinic
<u>Maximum Annual Benefit</u> (per covered person)	\$2,500.00		\$1,500.00
<u>Annual Deductible</u> (per covered person)	\$25.00		\$0.00
<u>Diagnostic & Preventive Services</u>			
Routine exams, x-rays, hygiene	100% of Usual & Customary fees - no deductible applies		100% of clinic's fees
<u>Other Services</u>			
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 (1)	50% of Usual & Customary fees after deductible met		100% of clinic's fees
<u>Orthodontics (braces)</u>	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
These comparisons describe MATC's benefit programs in general terms. These benefits are subject to the terms and conditions of the master contracts between MATC and the administrators of these plans.			
(1) Replacement of teeth missing prior to effective date of coverage are not covered			