

Summary of Dental Comparison

Company Name	City of Austin - Delta	CLEAT	
Dental Benefits			
Benefit Payable on Calendar Year or Plan Year	Calendar Year	Calendar Year	
Calendar Year Maximum	\$1,000	\$2,000	
Annual Deductible	\$50	\$50	
Deductible Family Maximum	3	3	
Preventative Services - Percent Payable	100%	100%	
Basic Services - Percent Payable	80%	80%	
Major Services - Percent Payable	50%	60%	
Preventative Services subject to deductible?	No	No	
Basic Services subject to deductible?	Yes	Yes	
Major Services Services subject to deductible?	Yes	Yes	
Exams		100%	
Cleanings		100%	
Sealants		100%	
Fluoride		100%	
Bitewing X-Rays		100%	
Full Mouth X-Rays		100%	
Space Maintainers		100%	
Amalgam Fillings		80%	
Composite Fillings		80%	
Are Composite fillings covered for all teeth?		Yes	
Non Surgical Periodontics		80%	
Surgical Periodontics		80%	
Simple Extractions		80%	
Complex Extractions		80%	
Anesthesia		80%	
Inlays, Onlays, Crowns		60%	
Crown Repair		60%	
Bridges		60%	
Dentures		60%	
Denture Repair		60%	
Prosthetics		60%	
Ortho Services			
Ortho Services - Percent Payable	50%	50%	
Ortho Services subject to Deductible?	No	No	
Ortho Services age limitation		99	
Ortho Services Lifetime Maximum	1,000	1,500	
Monthly Rates			
Employee Only	\$28.83	\$39.51	
Employee + Spouse	\$60.66	\$78.91	
Employee + Children	\$88.83	\$73.10	
Employee + Family	\$88.83	\$96.00	