



# Fiscal Year 2007-2008

## *Dental Benefits*

The Maricopa County Community College District (MCCCD) Flexible Benefits Program offers you a choice of two dental plans. A Pre-paid/HMO dental plan is available through Assurant Employee Benefits (AIZ), and a PPO/Indemnity dental plan is available through MetLife. To keep you smiling, both plans cover preventive and basic dental care, orthodontia and major dental treatment. Coverage is available for both you and your family.

For a complete listing of participating dentists, covered services, co-payments, emergency procedures, coverage limitations and rules which apply to MCCCD dental benefits, contact the member services department of your selected dental plan.



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## Dental Benefits Comparison Chart

Type of Expense	Assurant	MetLife	
		In-Network	Out-of-Network**
Annual deductible ( <i>Combined In-Network and Out-of-Network</i> )	none	\$50 per person /\$100 per family	
Office Visit Exams X-rays Cleaning and scaling	\$10.00 No Charge \$0.00-5.00 \$5 adult/child	covered in full no deductible <i>twice in fiscal year</i>	covered based on fee allowance no deductible <i>twice in fiscal year</i>
Topical fluoride treatment	No Copay for child under age 18; copay applies to cleaning	under age 18 only covered in full no deductible <i>twice in fiscal year</i>	under age 18 only covered at 90% no deductible <i>twice in fiscal year</i>
Space maintainers	patient pays \$70-105	Same as above	Same as above
Simple extraction	patient pays \$20.00	covered at 90% after deductible	covered at 90% after deductible
Surgical extraction	patient pays \$55.00	covered at 90% after deductible	covered at 90% after deductible
Impacted-tooth extraction	patient pays \$65-\$135	covered at 90% after deductible	covered at 90% after deductible
Amalgam filling Composite filling	patient pays \$20-\$70	see MetLife booklet for cov. limitations	see MetLife booklet for cov. limitations
Root canal	patient pays \$125-\$465	covered at 90% after deductible	covered at 90% after deductible
Crowns and bridges	patient pays \$265 plus lab fee	covered at 60% after deductible	covered at 60% after deductible
Complete upper or lower denture	patient pays \$365.00 plus lab fee	covered at 60% after deductible	covered at 60% after deductible
Periodontics	patient pays \$45-\$350	covered at 90% after deductible	covered at 90% after deductible
Gold: Fillings Inlay and onlay Crowns	all co-payments are exclusive of gold; the patient is responsible for the actual laboratory fee in addition to co-pay	covered at 60% after deductible	covered at 60% after deductible
Orthodontics: Adults Children (up to age 19) Initial diagnostic work-up and x-rays	25% discount is given from specialist UCR fee	An alternate benefit revision is allowable. plan pays 50% up to \$1,000 per person for lifetime	
Specialists*	15% discount Endodontist 25% discount all others Co-pay schedule will apply		
Max. benefit per person	unlimited	\$2,000 excluding orthodontic expenses	
<p><b>Assurant:</b> All Assurant co-pays listed above apply to General Dentitsts Only.  <b>*Specialty Benefit Amendment</b> Co-pay schedule will apply for Specialist's accepting SPA.  <b>MetLife:</b> **Out-of-Network patients receive reimbursement based on MetLife's non-participating dentists' fee allowance, but are responsible for the remainder of the charges.</p>			