

YOUR CHOICES. • YOUR BENEFITS. • YOUR HEALTH.



DENTAL PLANS 2018

COMPBENEFITS (HUMANA)

METLIFE

You may choose from one of eight dental plans, offered by two dental carriers. The two dental carriers used by the District are CompBenefits (Humana) and MetLife.

The following carriers offer DHMO (Dental Health Maintenance Organization) plans:

CompBenefits (Humana)
MetLife

DHMO plans provide In-Network benefits only. You pre-select a general dentist from the network and visit that dentist for all dental services. There are typically no calendar year maximums, deductibles, waiting periods, or claim forms. Co-payments are required for certain procedures.



The District offers a Basic DHMO Plan and an Enhanced DHMO Plan. The difference between the Basic and the Enhanced plans are when using the services of a Specialist. In the Basic DHMO Plan, should you require the services of a Specialist, you will receive a 25% discount from the Dentists' Usual and Customary (U&C) fees. With the Enhanced DHMO, the co-payments listed in the Schedule of Benefits are the maximum fees that will be charged when visiting a Specialist.



A complete listing, by carrier, of the co-payments associated with each procedure (Schedule of Benefits), can be found on the specific carrier's website.

CompBenefits (Humana):
<http://our.humana.com/sbbc>

MetLife:
www.mybenefits.metlife.com

Additionally, a listing of the In-Network providers can also be found on the carrier's website.



The DHMO Comparison Chart compares the four DHMO plans that are available. Additionally, a Procedure Cost Comparison Chart; by carrier, provides a side by side comparison of select dental procedures. The plans are very similar; however, the providers within each network may differ.

DHMO COMPARISON

Plan Provisions	CompBenefits (Humana) Must use In-Network providers to obtain benefits		MetLife Must use In-Network providers to obtain benefits	
	Basic SBBC97	Enhanced FGC+B	Basic	Enhanced
Plan	None	None	None	None
Annual Deductible	None	None	None	None
Annual Benefit Maximum	None	None	None	None
Specialty Care	U&C less 25%*	Listed co-payment	U&C less 25%*	Listed co-payment
Referral to a Specialist Required	No	No	Yes	Yes
Diagnostic & Preventative Oral exams, cleanings, X-rays, topical fluoride treatments, etc.	Most services are covered at no charge.	Most services are covered at no charge.	Most services are covered at no charge.	Most services are covered at no charge.
Basic Services Fillings, root canals, periodontal scaling, oral surgery, extractions, etc.	Covered at the listed co-payment if performed by your general dentist.	Covered at the listed co-payment.	Covered at the listed co-payment if performed by your general dentist.	Covered at the listed co-payment.
Major Services Crowns, dentures, bridgework, etc.	Covered at the listed co-payment if performed by your general dentist.	Covered at the listed co-payment.	Covered at the listed co-payment if performed by your general dentist.	Covered at the listed co-payment.
Orthodontia (braces) Adult and Children	25% Discount	Covered at the listed co-payment.	25% Discount	Covered at the listed co-payment.

This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.

**U&C refers to the usual and customary fees that are customarily charged for dental services by a participating dentist.*

DHMO PROCEDURE COST COMPARISON

Procedure	CompBenefits (Humana) Must use In-Network providers to obtain benefits		MetLife Must use In-Network providers to obtain benefits	
	Basic	Enhanced	Basic	Enhanced
Preventative 1110 Cleaning	\$0.00	\$0.00	\$0.00	\$0.00
Restorative				
2330 White Filling (front-1 surface)	\$0.00	\$12.00	\$0.00	\$0.00
2331 White Filling (front-2 surfaces)	\$0.00	\$20.00	\$0.00	\$0.00
2332 White Filling (front-3 surfaces)	\$0.00	\$25.00	\$0.00	\$0.00
2335 White Filling (front-4+ surfaces)	\$0.00	Not Covered	\$0.00	\$0.00
2391 White Filling (back-1 surface)	U&C Less 25%	U&C Less 25%	\$65.00	\$65.00
2392 White Filling (back-2 surfaces)	U&C Less 25%	U&C Less 25%	\$75.00	\$75.00
2393 White Filling (back-3 surfaces)	U&C Less 25%	U&C Less 25%	\$80.00	\$80.00
2790 Crown	\$185.00	\$185.00	\$185.00	\$185.00
Endodontics				
3320 Root Canal - Bicuspid	\$135.00	\$135.00	\$130.00	\$130.00
3330 Root Canal - Molar	\$175.00	\$175.00	\$175.00	\$175.00
Oral Surgery				
7220 Removal of Impacted tooth - soft tissue	\$25.00	\$25.00	\$20.00	\$20.00
7240 Removal of Impacted tooth - completely bony	\$75.00	\$75.00	\$75.00	\$75.00
Implants				
6010 Endosteal	U&C Less 25%	U&C Less 25%	U&C Less 25%	\$1005.00
6040 Eposteal	U&C Less 25%	U&C Less 25%	U&C Less 25%	\$1860.00

This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.

Basic Plans: Co-payments are applicable when treatment is performed by a General Dentist only.

Enhanced Plans: Co-payments are applicable when treatment is performed by a General Dentist or Specialist.

The following carriers offer PPO (Preferred Provider Organization) dental plans:

CompBenefits (Humana)
MetLife

The PPO Plans offered by CompBenefits (Humana) and MetLife allow you to choose an In-Network or Out-of-Network dentist at the time you make your appointment. However, when using an Out-of-Network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.

A listing of the In-Network providers can be found on the specific carrier's website.

CompBenefits (Humana)
<http://our.humana.com/sbbc>

MetLife
www.mybenefits.metlife.com

If your dental office does not file claims on your behalf, you will be required to complete a claim form and submit it to the proper carrier in order to receive reimbursement.

Below is a PPO Comparison Chart, which compares the four PPO Plans that are available. The plans are very similar; however, the providers within each network may differ.



PPO COMPARISON

Plan Provisions	CompBenefits (Humana) In-Network and Out-of-Network providers available.		MetLife In-Network and Out-of-Network providers available.	
	Basic	Enhanced	Basic	Enhanced
Annual Deductible	\$25.00 PP In-Network	\$25.00 PP In-Network	\$25.00 PP In-Network	\$25.00 PP In-Network
Annual Benefit Maximum	\$50.00 PP Out-of-Network \$1,250	\$50.00 PP Out-of-Network \$2,000	\$50.00 PP Out-of-Network \$1,250	\$50.00 PP Out-of-Network \$2,000
Diagnostic & Preventative Oral exams, cleanings, X-rays, topical fluoride treatments, etc.	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible	IN: 100%, no deductible OON: 90%, no deductible
Basic Services Fillings, root canals, periodontal scaling, oral surgery, extractions, etc.	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible	IN: 80%, after deductible OON: 70%, after deductible
Major Services Crowns, dentures, bridgework, implants, etc.	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible OON: 40%, after deductible	IN: 50%, after deductible OON: 40%, after deductible
Orthodontia (braces)	Not Covered	Children and adult benefits available.	Not Covered	Children and adult benefits available.

*This is a comparison only and not a complete summary of benefits. Exclusions and limitations apply.
 "IN" means In-Network and "OON" means Out-of-Network
 PP - Per Person*

IN-NETWORK VS OUT-OF-NETWORK SAVINGS EXAMPLE

This hypothetical example shows how receiving services from an In-Network dentist can save you money.

Out-of-Network benefits are paid based on a Usual & Customary (U&C) charge. The U&C charge is based on the lowest of:

1. The Dentist's actual charge;
2. The Dentist's usual charge for same or similar services; or
3. The usual charge of most Dentists in the same geographic area for same or similar services

<i>If your Dentist says you need a crown the following fees will apply.</i>			
<ul style="list-style-type: none"> • In-Network Fee: \$375.00 • U&C Fee: \$500.00 • Dentist's Usual Fee: \$600.00 			
IN-NETWORK* When you receive care from an In-Network dentist:		OUT-OF-NETWORK* When you receive care from an Out-of Network dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The In-Network fee is:	\$375.00		
Your Plan Pays: 50% X \$375	\$187.50	Your Plan Pays: 40% X \$500 U&C Fee	\$200.00
Your Out-of-Pocket Cost: (\$375 - \$187.50)	\$187.50	Your Out-of-Pocket Cost: (\$600 - \$200)	\$400.00
<p>In this example, you save \$212.50 (\$400.00 minus \$187.50) by using an In-Network dentist.</p>			

- The amounts shown are for example purposes only - they do not reflect your exact cost for the procedure listed.
- This example assumes that your annual deductible has been met.
- The above example is for plans which utilize a UCR method for Out-of-Network.





CUSTOMER SERVICE

CompBenefits (Humana): 866-890-4464 or 954-527-4088

MetLife PPO: 888-865-6878 or 954-321-6911

MetLife DHMO: 800-936-5315 or 954-321-6911

Benefits Department 754-321-3100

7770 W. Oakland Park Blvd.

Sunrise, FL 33351

browardschools.com/benefits



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