

2022 SEBB Dental Benefits Comparison



For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage (COC) or contact the plan directly. A PPO refers to a preferred-provider organization (network). Managed care plans have a closed network. If anything in these charts conflict with the plan's COC, the COC takes precedence and prevails. All dental plans include a nonduplication of benefits clause, which applies when you have dental coverage under more than one account.

Cost of Benefits	Managed Care Plans		Preferred Provider Organization (PPO)	
	DeltaCare (Group 09601) You pay	Willamette Dental Group (Group WA733) ¹ You pay	Uniform Dental Plan (Group 09600 Delta Dental PPO) You pay after deductible	
			PPO and out-of-state	Non-PPO
Annual Costs				
Deductible	None		You pay \$50/person, \$150/family	
Annual maximum	None		You pay amounts over \$1,750	
Services				
Crowns	\$100 to \$175		50%	
Dentures	\$140 for complete upper or lower		50%	60%
Fillings	\$10 to \$50		20%	
Nonsurgical TMJ	30% of costs, then any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime	Any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime	30% of costs until plan has paid \$500, then any amount over \$500 in member's lifetime	
Oral surgery	\$10 to \$50 to extract a tooth		20%	30%
Orthodontia	Up to \$1,500 copay per case		50% of costs until plan has paid \$1,750, then any amount over \$1,750 in member's lifetime (deductible doesn't apply)	
Orthognathic surgery	30% of costs until plan has paid \$5,000, then any amount over \$5,000 in member's lifetime		30% of costs until plan has paid \$5,000, then any amount over \$5,000 in member's lifetime	
Periodontic services (treatment of gum disease)	\$15 to \$100		20%	30%
Preventive services	\$0		\$0 (deductible doesn't apply)	
Root canals (endodontics)	\$100 to \$150		20%	

¹ Underwritten by Willamette Dental of Washington, Inc. Managed care plan.

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