

Town of Marion Dental Plan Comparison FY24

	<b>Higher Option</b>	<b>Lower Option</b>
Calendar Year Maximum	\$1,500	\$500
Preventive Services	100%	100%
Oral Exams, Cleanings, X-Rays, Sealants (under age 14) Space Maintainers (under age 19), Fluoride Treatments (under age 19)		
Deductible \$50 Individual/\$150 Family for Basic and Major Services	Yes	No
Basic Dental Services		
Fillings, Extractions, Endontics, Periodontics	80% Coverage after deductible	80% Coverage
Major Dental Services		
Bridges, Crowns, Implants, Dentures	50% Coverage after deductible	No Coverage
Orthodontic Lifetime Maximum : 50% coverage for all members	\$1,500	No Coverage
Accumulative Maximum Rollover		
Higher Option: \$500 Rollover Up to a Maximum of \$1,250 Must Have One Dental Service-Claim Not to Exceed \$700		Lower Option: \$150 Rollover Up to a Maximum of \$500 Must Have One Dental Service-Claim Not to Exceed \$200
<b>Employee Semimonthly Contibution Rates:</b>		
Individual	\$14.82	\$9.60
Family:	\$44.43	\$28.81
<b>Monthly Rates</b>		
Individual	\$29.64	\$19.20
Family:	\$88.86	\$57.62