

# Dental Plan

City of Savannah Dental plan is with The Standard with the choice of three dental Plans. Below is a summary of the dental benefits. Please see the Dental Plan certificate of coverage for details of covered benefits, limitations, and exclusions. The City does not contribute to the cost of dental insurance.



Low Option Summary				High Option Summary				Platinum Option Summary			
TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)			
Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants	
X-Rays	Palliative Treatments			X-Rays	Palliative Treatments			X-Rays	Palliative Treatments		
Cleanings	Space Maintainers			Cleanings	Space Maintainers			Cleanings	Space Maintainers		
Consultations				Consultations				Consultations			
TYPE B Service covered at 60%				TYPE B Services covered at 80%				TYPE B Services covered at 90%			
Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings			
Composite Restorations				Pulpotomy, Pulp Capping and Pulp Therapy				Pulpotomy, Pulp Capping and Pulp Therapy			
Oral Surgery - Simple Extractions				Root Canal				Root Canal			
Repairs of Crowns & Inlays/Onlays				Surgical Extractions; Other Oral Surgery				Surgical Extractions; Other Oral Surgery			
Repairs of Bridges and Dentures				General Services				General Services			
General Services				Periodontal Surgery; Periodontics – Non-Surgical				Periodontal Surgery; Periodontics – Non-Surgical			
Labs and Other Tests				Scaling and Root Planing				Scaling and Root Planing			
				General Anesthesia				General Anesthesia			
				Repairs of Crowns, Inlays/Onlays, Bridges, & Dentures				Repairs of Crowns, Inlays/Onlays, Bridges, & Dentures			
				Full Mouth Debridement				Full Mouth Debridement			
				Periodontal maintenance				Periodontal maintenance			
				Labs and Other Tests				Labs and Other Tests			
TYPE C Services covered at 25%				TYPE C Services covered at 50%				TYPE C Services covered at 60%			
Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures			
Denture – Rebases/Relines; Adjustments; Fixed Bridges				Denture – Rebases/Relines/Adjustments				Denture – Rebases/Relines/Adjustments			
Prefabricated Crowns; Crown Buildups and Post Core				Fixed Bridges				Fixed Bridges			
Oral Surgery – Surgical Extractions				Prefabricated Crowns				Prefabricated Crowns			
Pulpotomy/Pulp Capping/Pulp Therapy				Crown Buildups and Post Core				Crown Buildups and Post Core			
Root Canal				Recementations				Recementations			
Periodontal Surgery; Periodontics – Non-Surgical				Occlusal Adjustments				Occlusal Adjustments			
Scaling and Root Planing											
General Anesthesia											
Occlusal Adjustments											
Removal of Impacted Teeth											
Orthodontic: Covered 50%				Orthodontics Not Covered				Orthodontic: Covered 50%			
Diagnostic, Active Retention Treatment				N/A				Diagnostic, Active Retention Treatment			
Deductibles and Maximums				Deductibles and Maximums				Deductibles and Maximums			
Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person			
\$150 per family aggregate				\$150 per family aggregate				\$150 per family aggregate			
<b>Annual Maximum (per person) \$1,000</b>				<b>Annual Maximum (per person) \$1,500</b>				<b>Annual Maximum (per person) \$2,000</b>			
<b>Orthodontia Lifetime Maximum (per person) \$1,000</b>				<b>Not Covered</b>				<b>Orthodontia Lifetime Maximum (per person) \$1,500</b>			
Out of Network services – negotiated fee schedule – Maximum Allowable Charge				Out of Network services are paid at Reasonable and Customary at the 90th percentile				Out of Network services are paid at Reasonable and Customary at the 90th percentile			
Low Option Rates				High Option Rates				Platinum Option Rates			
Weekly		Bi-Weekly		Weekly		Bi-Weekly		Weekly		Bi-Weekly	
Individual	\$4.82	Individual	\$9.64	Individual	\$8.20	Individual	\$16.40	Individual	\$10.31	Individual	\$20.62
EE+1	\$8.88	EE+1	\$17.76	EE+1	\$14.51	EE+1	\$29.02	EE+1	\$18.15	EE+1	\$36.30
Family	\$16.21	Family	\$32.42	Family	\$21.91	Family	\$43.82	Family	\$26.95	Family	\$53.90