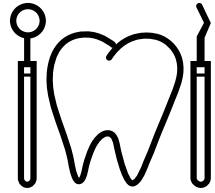


Open Enrollment - 2022 Plan Year



DENTAL PLANS INCREASES

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AMERITAS DENTAL PLANS Monthly Premium Increase

Indemnity w/PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$46.50	\$3.04
Employee + Spouse	\$86.24	\$5.64
Employee + Child(ren)	\$98.20	\$6.42
Employee + Family	\$141.80	\$9.26

Standard PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$38.60	\$2.54
Employee + Spouse	\$72.32	\$4.72
Employee + Child(ren)	\$80.96	\$5.32
Employee + Family	\$117.88	\$7.72

Preventative PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$27.98	\$1.82
Employee + Spouse	\$52.92	\$3.46
Employee + Child(ren)	\$56.64	\$3.70
Employee + Family	\$82.96	\$5.38

METLIFE DENTAL PLANS Monthly Premium Increase

Indemnity w/PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$51.92	\$2.48
Employee + Spouse	\$96.04	\$4.56
Employee + Child(ren)	\$107.32	\$5.12
Employee + Family	\$155.80	\$7.42

Standard PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$36.60	\$1.74
Employee + Spouse	\$67.72	\$3.22
Employee + Child(ren)	\$75.66	\$3.60
Employee + Family	\$109.86	\$5.22

Preventative PPO Plan		
Coverage Tier	2022 Premium	Increase Amount
Employee Only	\$25.08	\$1.20
Employee + Spouse	\$46.38	\$2.20
Employee + Child(ren)	\$51.84	\$2.48
Employee + Family	\$75.24	\$3.58

2022 DENTAL PLANS

	Prepaid Dental Plans (DHMO)			Preferred Provider Organization (PPO) Plans		Indemnity with PPO Plans		Indemnity Plans
	Cigna Prepaid Dental (4034)	Sun Life Prepaid Dental (4025)	Humana HD205 Prepaid Dental (4044)	Ameritas & Metlife Preventive PPO (4023 & 4033)	Ameritas & Metlife Standard PPO (4022 & 4032)	Ameritas & Metlife Indemnity w/ PPO (4021 & 4031)	Sun Life Indemnity w/ PPO (4074)	Humana Indemnity w/ PPO (4084)
Type I: Preventative Services <i>(Routine cleanings, X-rays, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	100% in-network; 80% out of network	100% in-network; 80% out of network	100% in or out of network	100% in or out of network	See benefit schedule: Reimbursement amounts
Type II: Basic Services <i>(Fillings, root canals, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	80% in-network; 50% out of network	80% in-network; 50% out of network	80% in or out of network	80% in or out of network	See benefit schedule: Reimbursement amounts
Type III: Major Services <i>(Crown, bridges, etc.)</i>	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	See benefit schedule: Fixed copayments	No coverage	50% in-network; 30% out of network	50% in or out of network	50% in or out of network	See benefit schedule: Reimbursement amounts
Annual Deductible	No Deductible	No Deductible	No Deductible	Type I: No Deductible Type II only: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II & III: Individual: \$50 EE + Spouse: \$100 EE + Children: \$100 Family: \$150	Type I: No Deductible Type II & III: Individual: \$50 Family: \$100	No Deductible
Annual Maximum	None	None	None	\$1,000	\$1,500	\$2,000	\$2,000 in network; \$1,500 out of network	\$1,000
Orthodontia	Yes, No age limit	Yes, No age limit	No age limit: Eligible for 25% discount at provider's discretion	No coverage	Yes, No age limit	Yes, No age limit	Yes, only dependents under 19	No coverage
Waiting Period for Orthodontic Services	None	None	None	No coverage	12 month waiting period (may be satisfied w/ prior creditable coverage)	None	None	No coverage
Orthodontia Maximum	None	None	None	No coverage	\$2,000 in network; \$1,500 out of network	\$2,500 in or out of network	\$1,500	No coverage

			Monthly Premiums			
Type of Dental Plan	Plan Code	Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Prepaid Dental Plan ✓ Pays benefits only when you use network providers. ✓ No deductible or annual maximum ✓ Most preventive care at no charge ✓ You pay a fixed copayment for dental procedures listed on the copayment schedule. ✓ Orthodontia: Covered for adults and children.	4034	CIGNA Prepaid Dental	\$24.01	\$47.31	\$56.41	\$72.06
	4025	Sun Life Prepaid Dental	\$14.93	\$25.17	\$33.26	\$43.54
	4044	Humana HD205 Prepaid Dental	\$12.64	\$21.20	\$23.00	\$32.98
PPO Dental Plan ✓ Receive care from any dentist ✓ Your cost is lower when you use network dentists ✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive. ✓ Orthodontia: Covered for adults and children (excluding Preventive PPO).	4023	Ameritas Preventive	\$27.98	\$52.92	\$56.64	\$82.96
	4033	Metlife Preventive	\$25.08	\$46.38	\$51.84	\$75.24
	4022	Ameritas Standard	\$38.60	\$72.32	\$80.96	\$117.88
	4032	Metlife Standard	\$36.60	\$67.72	\$75.66	\$109.86
Indemnity with PPO Dental Plan ✓ Receive care from any dentist ✓ Your cost is lower when you use network dentists ✓ You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the care you receive. ✓ Orthodontia: Child only orthodontia covered by Sun Life.	4021	Ameritas Indemnity	\$46.50	\$86.24	\$98.20	\$141.80
	4031	Metlife Indemnity	\$51.92	\$96.04	\$107.32	\$155.80
	4074	Sun Life Indemnity PPO	\$43.55	\$83.61	\$98.83	\$130.35
Indemnity Dental Plan ✓ Receive care from any dentist ✓ You have a deductible to meet and then pay part of the cost for the services you receive.	4084	Humana Schedule B	\$14.74	\$2196	\$23.30	\$37.10

