

# 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

<b>If your Dentist says you need a crown the following fees will apply.</b>			
<ul style="list-style-type: none"> <li>• In-Network Fee: \$375.00</li> <li>• U&amp;C Fee: \$500.00</li> <li>• Dentist's Usual Fee: \$600.00</li> </ul>			
<b>IN-NETWORK*</b> When you receive care from an In-Network dentist:		<b>OUT-OF-NETWORK*</b> 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.



**YOUR CHOICES. • YOUR BENEFITS. • YOUR HEALTH.**



## 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](http://browardschools.com/benefits)



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## DENTAL PLANS 2018

### COMPBENEFITS (HUMANA)

### METLIFE

## DHMO COMPARISON

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 MeLife.

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

**CompBenefits (Humana)**  
**MeLife**

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.



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>

**MeLife:**  
[www.mybenefits.meilife.com](http://www.mybenefits.meilife.com)

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



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.



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.

Plan Provisions	CompBenefits (Humana) Must use In-Network providers to obtain benefits		MeLife Must use In-Network providers to obtain benefits	
	Basic SBBC97	Enhanced FGC+B	Basic	Enhanced
Plan Annual Deductible Annual Benefit Maximum Specialty Care Referral to a Specialist Required	None None U&C less 25%*	None None Listed co-payment	None None U&C less 25%*	None None Listed co-payment
<b>Diagnostic &amp; Preventative</b> 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.
<b>Basic Services</b> 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.
<b>Major Services</b> 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.
<b>Orthodontia (braces) Adult and Children</b>	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		MeLife Must use In-Network providers to obtain benefits	
	Basic	Enhanced	Basic	Enhanced
<b>Preventative</b> 1110 Cleaning	\$0.00	\$0.00	\$0.00	\$0.00
<b>Restorative</b> 2330 White Filling (front-1 surface) 2331 White Filling (front-2 surfaces) 2332 White Filling (front-3 surfaces) 2335 White Filling (front-4+ surfaces) 2391 White Filling (back-1 surface) 2392 White Filling (back-2 surfaces) 2393 White Filling (back-3 surfaces) 2790 Crown	\$0.00 \$0.00 \$0.00 \$0.00 U&C Less 25% U&C Less 25% U&C Less 25% \$185.00	\$12.00 \$20.00 \$25.00 Not Covered U&C Less 25% U&C Less 25% U&C Less 25% \$185.00	\$0.00 \$0.00 \$0.00 \$0.00 \$65.00 \$75.00 \$80.00 \$185.00	\$0.00 \$0.00 \$0.00 \$0.00 \$65.00 \$75.00 \$80.00 \$185.00
<b>Endodontics</b> 3320 Root Canal - Bicuspid 3330 Root Canal - Molar	\$135.00 \$175.00	\$135.00 \$175.00	\$130.00 \$175.00	\$130.00 \$175.00
<b>Oral Surgery</b> 7220 Removal of Impacted tooth - soft tissue 7240 Removal of Impacted tooth - completely bony	\$25.00 \$75.00	\$25.00 \$75.00	\$20.00 \$75.00	\$20.00 \$75.00
<b>Implants</b> 6010 Endosteal 6040 Eosteal	U&C Less 25% U&C Less 25%	U&C Less 25% U&C Less 25%	U&C Less 25% U&C Less 25%	\$1005.00 \$1860.00

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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)**  
**MeLife**

The PPO Plans offered by CompBenefits (Humana) and MeLife 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>

**MeLife**  
[www.mybenefits.meilife.com](http://www.mybenefits.meilife.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.		MeLife 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
<b>Diagnostic &amp; Preventative</b> 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
<b>Basic Services</b> 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
<b>Major Services</b> 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
<b>Orthodontia (braces)</b>	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*