



UNIVERSITY OF FLORIDA  
STATE DENTAL PLANS COMPARISON

Plan Type	Prepaid Dental Plan	Dental Preferred Provider Organization Plan (DPPO)	Dental Indemnity with a DPPO Network Plan	Dental Indemnity Plan
<b>Definition</b>	Network of dentists and specialists to keep your costs low. Does not cover out-of-network services.	Discounted rates on services if you use dentists or specialists in the network.	Discounted rates on services if you use dentists or specialists in the network, but you can use any provider you choose.	Scheduled reimbursement amount (set fee) for covered services from any dentist or specialist.
<b>Choice of Providers</b>	Network only	In or out of network	Any you choose	Any you choose
<b>Preventative Care (No Deductible)</b>	Most services covered at no charge to you.	No charge in network. You pay 20% of cost for out of network.	No charge or you pay cost above a set dollar amount.	You pay cost above a set dollar amount.
<b>Basic &amp; Major Care</b>	Set copays or a percentage of cost	Percentage of cost	Cost above a set dollar amount or a percentage of cost	Cost above a set dollar amount or a percentage of cost
<b>Calendar Year Maximum</b>	No	Yes	Yes	Yes
<b>Deductible</b>	No	Yes, for basic and major care	Yes, for basic and major care	Yes, for basic and major care
<b>You Should Know</b>	Your dentist could leave the network at any time. This is not a qualifying status change (QSC) event to cancel or change dental plans or coverage levels.	If you see an out-of-network dentist or specialist, your out-of-pocket costs are much higher.	You pay any amount per year over the calendar year maximum. If you see an out-of-network dentist or specialist, your out-of-pocket costs are much higher.	You pay any amount per year over the calendar year maximum.
<b>People First Plan Name and Code</b>	4004 Humana Network Plus 4014 UnitedHealthcare Dental Solstice S700 4025 Assurant Employee Benefits Prepaid 225 4034 CIGNA Dental 4044 Humana Select 15	4054 Humana Preferred Plus	4064 Ameritas Dental Preventive Plus 4074 Assurant Employee Benefits Freedom Advance	4084 Humana Schedule B