DENTAL INSURANCE COMPARISON

IUE S&T, IUE RN, and SEIU S&T
January 1, 2026

UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

	Bronze Plan	Silver Plan	Gold Plan
Network	**EPO**	**PPO & Premier**	**PPO & Premier**
Annual Deductible	No Deductible		
Preventive			
Exams	100% covered	100% covered	100% covered
Cleaning	100% covered	100% covered	100% covered
X-rays	100% covered	100% covered	100% covered
Restorative			
Filling	$31 - $56 copay	50% covered	80% covered
Composite (Anterior only)	$39 - $72 copay	50% covered	80% covered
Composite (Posterior only)	$45 - $88 copay	50% covered	80% covered
Crowns	$284 - $345 copay	50% covered	80% covered
Prosthetics			
Bridges (per unit)	$274 - $313 copay	50% covered	80% covered
Dentures (each)	$120 - $432 copay	50% covered	80% covered
Partial (each)	$25 - $490 copay	50% covered	80% covered
Implants (crown and attachment)	No coverage	50% covered	80% covered
Oral Surgery			
Simple Extractions	$29 - $38 copay	50% covered	80% covered
Extraction Erupted Tooth	$76 copay	50% covered	80% covered
Extraction Soft Tissue Impaction	$92 copay	50% covered	80% covered
Extraction Partial Bony Impaction	$125 copay	50% covered	80% covered
Extraction Complete Bony Impaction	$146 - $184 copay	50% covered	80% covered
Endodontics			
Root Canal (single)	$201 - $326 copay based on tooth type	50% covered	80% covered
Root Canal (double)		50% covered	80% covered
Root Canal (Triple or more)		50% covered	80% covered
Periodontics			
Gingivectomy	$82 - $159 copay	50% covered	80% covered
Osseous Surgery	$148 - $233 copay	50% covered	80% covered
Root Scaling	$28 - $72 copay	50% covered	80% covered
Orthodontics			
Child (up to age 19)	$2,100 Copay	50% covered	50% covered
Adult (19 or older)	No coverage	No coverage	50% covered
Maximums			
Annual Maximum	n/a	$1,000	$1,500
Orthodontic Maximum	n/a	$1,500 lifetime	$1,500 lifetime
	Biweekly Rates		
Full Time	**Bronze Plan**	**Silver Plan**	**Gold Plan**
Team Member Only	$0.00	$0.78	$9.05
Two Person	$0.00	$3.59	$19.34
Family	$0.00	$10.22	$36.70
Part Time	**Bronze Plan**	**Silver Plan**	**Gold Plan**
Team Member Only	$0.00	$5.39	$13.67
Two Person	$6.98	$17.43	$33.18
Family	$24.36	$40.22	$66.70

This is a summary of in-network benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence. COBRA rates are available at benefits.umhinsider.org.