Dental insurance is available to regular employees who work at least 30 hours per week, for at least 10 months of the year.

Biola University offers two types of dental plans: a conventional (dental indemnity) plan (PPO) and a prepaid (HMO) plan. The conventional plan permits the use of in-network and out-of-network dentists and requires completion of claim forms. The HMO plan does not require completion of claim forms but restricts dental treatment to the use of certain dentists and dental clinics.

The conventional plan covers preventive procedures at 100% with no deductible. With the exception of orthodontics, basic and major procedures require a $50 (in-network) and $100 (out-of-network) deductible per person, per calendar year, up to a maximum of 3 deductibles per family: i.e., $150 (in-network) and $300 (out-of-network). Basic procedures are covered at 90% (in-network) and 80% (out-of-network), and major procedures are covered at 60% (in-network) and 50% (out-of-network). The maximum annual benefit allowed (excluding orthodontia) is $1,500 per person.

The prepaid plan covers many dental services at no charge. The more expensive procedures require copayments (a portion of the cost which the insured person pays), which may vary according to the procedure. There is no annual limit on the amount of insurance benefits available during a calendar year.

Orthodontia coverage under both plans is similar. Only designated orthodontists may be used. The cost is covered at approximately 50% with no deductible.

For a more detailed comparison of benefits, a dental insurance coverage comparison sheet is available in the Human Resources office.

Insurance premiums are different for each plan and may change with each new insurance year. Premiums are paid by the employee through a pre-tax payroll deduction.