## **Dental Insurance**

|  | Delta Dental PPO<br>dentists       | Delta Dental<br>Premier dentists | Non-Delta<br>Dental dentists |
|--|------------------------------------|----------------------------------|------------------------------|
| ANNUAL DEDUCTIBLE  |                                    |                                  |                              |
|  | \$50 per person / \$150 per family |                                  |                              |
| ANNUAL MAXIMUM OUT-OF-POCKET   |                                    |                                  |                              |
|  | \$2,000 per person                 | \$1,500 per person               | \$1,500 per person           |
| BENEFITS AND COVERED SERVICES  |                                    |                                  |                              |
| Diagnostic & Preventive<br><i>Exams, cleanings, x-rays, and sealants</i> | 100%                               | 100%                             | 100%                         |
| Basic Services<br><i>Fillings, denture repairs</i>                       | Plan pays 80%                      | Plan pays 80%                    | Plan pays 70%                |
| Root canals  | Plan pays 80%                      | Plan pays 80%                    | Plan pays 70%                |
| Gum treatments   | Plan pays 80%                      | Plan pays 80%                    | Plan pays 70%                |
| Oral surgery   | Plan pays 80%                      | Plan pays 80%                    | Plan pays 70%                |
| Major Services<br>Crowns, inlays, onlays, and<br>cast restoration        | Plan pays 50%                      | Plan pays 50%                    | Plan pays 40%                |
| Bridges, dentures, and implants  | Plan pays 50%                      | Plan pays 50%                    | Plan pays 40%                |
| Orthodontic benefits<br>Adults and children                              | Plan pays 50%                      | Plan pays 50%                    | Plan pays 50%                |
| Orthodontic maximums   | \$1,500 lifetime                   | \$1,500 lifetime                 | \$1,500 lifetime             |
| DENTAL WEEKLY PAYROLL DEDUCTION  | S                                  |                                  |                              |
| Team Member Only   |                                    | \$2.26                           |                              |
| Team Member + Spouse   |                                    | \$4.52                           |                              |
| Team Member + Child  |                                    | \$4.52                           |                              |
| Team Member + Child(ren)   |                                    | \$4.52                           |                              |
| Team Member + Family   |                                    | \$9.05                           |                              |

*You can visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.* 

Diagnostic and Preventive Services do not apply to the annual maximum.