

Dental Plan



At no cost to you, choose from two comprehensive dental plans for you and your eligible dependent(s).

DeltaCare Plan

- Must receive all dental care services from a dentist who participates in the DeltaCare network (please note that the network is very limited).
- Most services will be covered at 100% with no out-of-pocket costs with the exception of some major services.
- Plan includes orthodontic care; services must be provided by a DeltaCare orthodontist.

Delta Dental Plan PPO

- Flexibility to seek dental care services from any dentist, in or out of network.
- Receive the most savings by seeing a Delta Dental PPO Network Provider or a Delta Dental Premier Network Provider.
- Responsible for paying any charges over Delta Dental's approved fees when out-of-network.

Visit the Delta Dental Website at www.deltadentalins.com

- View your benefits, covered dependent(s), claims and more!

Plan Highlights	DeltaCare	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible			
Individual / Family	None	None	
Cleanings Per Year	2 (1 per 6-month period)	3 (per year)	
Annual Maximum (In-Network & Out-of-Network Maximums are not combined)	None	\$2,200 per person	\$2,000 per person
Preventive and Diagnostic	\$5 - \$45 Copay, See Schedule of Benefits	Covered 100%	Covered at 70% - 100% of contracted fees ⁽¹⁾
Basic Services	See Schedule of Benefits	Covered 100%	Covered at 70% - 100% of contracted fees ⁽¹⁾
Jackets, crown restoration	\$35 - \$195 Copay, See Schedule of Benefits	Covered 100%	Covered at 70% - 100% of contracted fees ⁽¹⁾
Prosthodontics	\$5 - \$170 Copay, See Schedule of Benefits	Covered at 50% at contracted fees	
Dental Accidents Benefit	See Schedule of Benefits	Covered at 100% with a separate maximum at \$1,000 per person per calendar year	
Orthodontic Care	\$25 - \$1,900 Copay, See Schedule of Benefits	Not covered	

⁽¹⁾ The 70% benefit level applies during the first year you participate in the Delta Dental Plan. Your coverage will increase by 10% each year (to a maximum of 100%) provided you visit a dentist at least once a year.

The above information is a summary only. Please refer to your Schedule of Benefits and Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.