

# Dental Plans at a Glance

Below is a highlight of the most common services utilized by employees. For a complete list, please visit the online enrollment site.

## DELTA DENTAL

PLAN FEATURE	PPO COPAY PLAN		PPO PREMIER PLAN		PPO PLUS PLAN	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
<b>Choice of Dentist</b>	Limited to PPO Network	Any dentist	Limited to Premier Network	Any dentist	Limited to PPO Network	Any dentist
<b>Deductible* Per Calendar Year</b>	None	Per Patient - \$50 Per Family - \$150	Per Patient - \$25 Per Family - \$75	Per Patient - \$50 Per Family - \$150	Per Patient - \$25 Per Family - \$75	Per Patient - \$50 Per Family - \$150
<b>Annual Maximum Per Calendar Year</b>	None	\$500 Per Patient	\$1,500	\$1,500	\$1,500	\$1,500
<b>Preventative Care</b>	You pay a copay. Most preventative services are \$0 copay.	You pay 50% Plan pays 50%***	You pay 0% Plan pays 100%**	You pay 0% Plan pays 100%***	You pay 0% Plan pays 100%**	You pay 20% Plan pays 80%***
<b>Basic Care</b>	You pay a copay. See schedule of benefits for details	You pay 60% Plan pays 40%***	You pay 20% Plan pays 80%**	You pay 20% Plan pays 80%***	You pay 20% Plan pays 80%**	You pay 40% Plan pays 60%***
<b>Major Care</b>	You pay a copay. See schedule of benefits for details	You pay 75% Plan pays 25%***	You pay 40% Plan pays 60%**	You pay 50% Plan pays 50%***	You pay 50% Plan pays 50%***	You pay 50% Plan pays 50%***
<b>Orthodontia</b>	You pay a copay. <b>Adults</b> - \$2,072 <b>Child</b> - \$1,894 (Not including records, follow up and retainers)	You pay 75% Plan pays 25%***  <i>Lifetime Maximum Per Individual - \$500</i>	You pay 50% Plan pays 50%***  <i>Lifetime Maximum Per Individual - \$1,500 Under age 25</i>	You pay 50% Plan pays 50%***  <i>Lifetime Maximum Per Individual - \$1,500 Under age 25</i>	You pay 50% Plan pays 50%***  <i>Lifetime Maximum Per Individual - \$1,800 Under age 25</i>	You pay 50% Plan pays 50%***  <i>Lifetime Maximum Per Individual - \$1,500 Under age 25</i>

\* Deductible waived for Preventative and Orthodontia care on plans.

\*\* Payment for percentage of negotiated fees as determined by Delta Dental, subject to cost sharing, deductible, and benefit maximums.

\*\*\* Payment for percentage of reasonable and customary charges as determined by Delta Dental. You are responsible for 100% of any charges in excess of the reasonable and customary charge.