Dental Plans

	DELTA DENTAL			
	DMO	**PPO**		**Indemnity**
Network	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	In-Network Only	**In-Network**	**Out-of-Network**	**In- and Out-of-Network**
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will charge you applicable coinsurance	Must submit claim to Delta Dental	Participating dentist will charge you applicable coinsurance. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	End of year age 23	End of year age 23		End of year age 23
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	$25/$75 (in- and out-of-network combined)		$25/$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	N/A	$1,500 (in- and out-of-network combined)		$1,000
Eligibility for Orthodontia Coverage	Children: To end of year age 23	Children: To age 19		Children: To age 19
	Employee/Spouse: eligible	Employee/Spouse: not eligible		Employee/Spouse: not eligible
Coverage Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount **participant** pays	Amount **insurance company** pays		Amount **insurance company** pays
Diagnostic & Preventive Services (exams, cleanings, x-rays)	$0	80%	70%	See schedule
Basic Services Fillings: one-surface amalgam (procedure code: 2140)	$0	60%	45%	$26
Fillings: one-surface composite - anterior (procedure code: 2330)	$5	60%	45%	$30
Endodontics				
Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	$350	60%	45%	$282
Periodontics Gingivectomy - per quad (procedure code: 4210)	$145	60%	45%	$150
Major Services Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	$380	50%	35%	$250
Implants	Not covered	50%	30%	$1,000
Orthodontia Benefits	See fee schedule	50%	50%	See reimbursement schedule
Orthodontia Lifetime Maximum Benefit Per Person	N/A	$1,000 (in- and out-of-network combined)		$1,000

Employee Plan Cost

Coverage	DMO		PPO		Indemnity	
	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution
1 Person	$ 5.00	$1.15	$10.11	$2.33	$ 5.00	$1.15
2 People	$10.00	$2.31	$20.86	$4.81	$10.00	$2.31
3 or More People	$19.00	$4.38	$34.23	$7.90	$19.00	$4.38

Participants Receiving BSA Long Term Disability Benefits

Coverage	Monthly Contribution		
	DMO	PPO	Indemnity
1 Person	$ 5.00	$ 10.11	$ 5.00
2 People	$ 10.00	$ 20.86	$ 10.00
3 or More People	$ 19.00	$ 34.23	$ 19.00

COBRA Participants (102% of Program Cost)

Coverage	Monthly Contribution		
	DMO	PPO	Indemnity
1 Person	$ 19.75	$ 37.75	$ 16.69
2 People	$ 40.14	$ 80.18	$ 35.47
3 or More People	$ 59.73	$ 112.47	$ 49.72