

EFFECTIVE DATE: 1/01/2017 - ONE YEAR RATE GUARANTEE

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26, domestic partner</i>	Delta Dental-Standard		Delta Dental-Premier		DeltaCare-HMO
	In-Net	Out-Net	In-Net	Out-Net	In-Network Only
Dental Network	PPO	PPO	PPO/Premier	80th	48N
Dental Networks - Payment Basis					
Plan Year Maximum	\$1,000 <i>per covered member</i>		\$1,000 <i>per covered member</i>		No Plan Year Maximum
Deductible (Per Member/Per Family) Per Calendar Year	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	Office Visit \$5 copay
Diagnostic & Preventive Svc (D&P)	100%	100%	100%	100%	D&P \$0 - \$45 copay
> D&P Services Waiting Period	None	None	None	None	None
Deductible Waived for D&P	Yes	Yes	Yes	Yes	No Plan Year Deductible
Annual Max Waived for D&P	No	No	No	No	No Plan Year Maximum
Basic Service	80%	60%	80%	80%	\$0 - \$115 copay
> Basic Services Waiting Period	None	None	None	None	None
Major Services	50%	40%	50%	50%	\$0 - \$485 copay
> Major Services Waiting Period	None Re-enrollment is not applicable. Employees can enroll during OE period.		None Re-enrollment is not applicable. Employees can enroll during OE period.		None Re-enrollment is not applicable. Employees can enroll during OE period.
Orthodontics - 3 Treatment Levels	Not Covered		Child Only		Adult and Child
Lifetime Ortho Max	N/A		\$1,000		Copayment
Annual Ortho Max (2 yr benefit)	N/A		N/A		\$2100 child \$2250 Adult
Exams/cleanings/bite-wing x-rays	100	100	100	100	Click here for DeltaCare Schedule 48N
Oral Surgery	80	60	80	80	
Non-Surgical Periodontics	80	60	80	80	
Surgical Periodontics	80	60	80	80	
Space Maintainers	100	100	100	100	
General Anesthesia	80	60	80	80	
Endodontics (Root Canal)	80	60	80	80	
Perio Maintenance (4910)	80	60	80	80	
Crowns, Bridges, Inlays, Onlays	50	40	50	50	
Implants	Covered		Covered		
	Employee Paid		Employee Paid		Employee Paid
Monthly Rates Employee Only		\$ 24.62		\$ 29.45	\$11.95
Employee & Spouse		\$ 51.72		\$ 61.86	\$20.92
Employee & Children		\$ 52.22		\$ 62.46	\$25.11
Employee & Family		\$ 86.59		\$ 103.57	\$35.27
Option #2	Delta Dental PPO dentist are paid on the PPO fee schedule Delta Dental Premier dentist are paid on the Max. Plan Allowance Non Delta Dentist (out of network) are paid up to the 80th percentile				

Note: Option# 2 - the out-of-network benefits are increased for those seeking services from a Premier provider and Diagnostic and Preventive Services are covered at 100%