

Dental Plan with Delta Dental

The following WELLNESS plan is funded by the employer.

Benefit Maximum	\$300 per calendar year per patient
Deductible	None
Waiting Period	None
Diagnostic and Preventive Paid at 100% <i>*For all employees and their dependents*</i>	<p style="text-align: center;">Cleanings: 2 times per 12 month period</p> <p style="text-align: center;">Oral examinations: 2 times per 12 month period (includes Emergency exams)</p> <p style="text-align: center;">X-Rays: 1 time per calendar year (twice for those under the age of 18)</p> <p style="text-align: center;">Space Maintainers: Included</p> <p style="text-align: center;">Fluoride Treatments: Topical application for those under the age of 19</p>
Basic Services Paid at 0%	Basic services are not covered under this core plan.
Major Services Paid at 0%	Major services are not covered under this core plan.
Provider Network	Nationwide provider network
Additional Information	The greatest benefit in using Delta Dental's provider network is that there will be no balance billing, with either PPO or Premier In-Network providers. Out of network providers are paid on the Maximum Plan Allowance fee (MPA). Balance billing will happen when using an out-of-network provider.
Website	www.deltadentalins.com
Participation Requirement	Minimum of 2 employees enrolled.
Monthly Cost	Composite Rate of \$24.79 per member per month

The following is additional coverage available as a Buy-Up by Employees.

Benefit Maximum	An additional \$700 per calendar year per patient.
Deductible	<p style="text-align: center;">Per Enrolled: \$50 per calendar year (For Basic, Major, and/or Orthodontics)</p> <p style="text-align: center;">Per Family: \$150 per calendar year (For Basic, Major, and/or Orthodontics)</p>
Waiting Period	None
Basic Services Paid at a total of 80%	Includes: Restorative Services, Palliative Services, Denture Repair, Sealants, and General Anesthesia
Major Services Paid at a total of 50%	Includes: Oral Surgery, Periodontal Services, Endodontic Services, Crowns, Jackets, Cast Restorations, and Prosthodontic Services
Orthodontic Services Paid at 50%	Includes: \$1,000 maximum per patient per calendar year / \$1,000 lifetime maximum per patient. This is for all legal dependent children up to the age of 26.
Monthly Cost <i>*Can be done on a pre-tax basis.*</i>	<p style="text-align: center;">Employee Only: \$36.78</p> <p style="text-align: center;">Employee + Spouse: \$64.02</p> <p style="text-align: center;">Employee + Child(ren): \$75.90</p> <p style="text-align: center;">Employee + Family: \$111.05</p>

** These rates are only for those groups under 100 eligible employees in the EAM. Also, for those groups that fall under the following SIC codes (7900-7999; 8021; 8072; 8100-8799; 8200-8299; 8300-8499; 8600-8699) they will need to be underwritten by Delta's home office.*