

Dental plan

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

Benefit Period = Calendar Year	Delta Dental PPO			Delta Dental PPO			Delta Dental PPO		
	Voluntary Preventive Plan			Voluntary Catastrophic Plan			Voluntary Comprehensive Plan		
Schedule of Benefits	PPO Dentist	Premier Dentist	Out-of-Network Dentist	PPO Dentist	Premier Dentist	Out-of-Network Dentist	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Annual Deductible	\$50	\$50	\$75	\$0	\$100	\$150	\$50	\$150	\$225
Covered Services - Coinsurance Amounts are what the Insured Pays									
Check Ups and Teeth Cleaning (Diagnostic & Preventive) Teeth Cleaning, Oral Evaluations, Fluoride Applications, Sealant Applications, Space Maintainers, X-rays	Deductible, then 20% Coins	Deductible, then 30% Coins	Deductible, then 50% Coins	Not Covered			Deductible, then 20% Coins	Deductible, then 30% Coins	Deductible, then 50% Coins
Cavity Repair (Routine and Restorative) Emergency Treatment Restoration of Decayed or Fractured Teeth Limited Occlusal Adjustment <i>Excluded:</i> General Anesthesia/Sedation, Routine Oral Surgery, Tooth Extraction	Deductible, then 50% Coins	Deductible, then 50% Coins	Deductible, then 70% Coins				Deductible, then 50% Coins	Deductible, then 50% Coins	Deductible, then 70% Coins
Root Canals (Endodontics) Root Canal Therapy, Retrograde filings, Apicoectomy, Pulpotomy, Direct pulp caps	Not Covered			Deductible waived, 40% Coins	Deductible, then 50% Coins	Deductible, then 70% Coins	Deductible, then 40% Coins	Deductible, then 50% Coins	Deductible, then 70% Coins
Gum and Bone Diseases (Periodontics) Conservative Procedures (Non-Surgical) Complex Procedures (Surgical), Maintenance Therapy									
High Cost Restorations (Cast Restorations) Crowns, posterior composites, Onlays, Inlays, Posts and Cores									
Dentures and Bridges (Proshetics) Dentures, Partial, Bridges, Repairs and Adjustments									
Orthodontic	Not Covered			Not Covered			Not Covered		
Annual Maximum	No coverage limit for routine and preventive care			\$1,250			\$1,250		

Employee must remain on one plan for 12 months before switching to another plan. 24-month waiting period to re-enroll if coverage is dropped.

Monthly Dental Premiums

Please refer to the Rate page at the back of this Guide and log into your Benefitsolver account for your monthly cost.

Note: The rates in Benefitsolver are based on 12 month premium.



Money-saving tip

Remember, you can use your FSA for qualified out-of-pocket dental and vision expenses.