

# Dental for Everyone Platinum Plan

## Delta Dental PPO



- Group dental insurance plan is underwritten by Delta Dental Insurance Company.
- Enrollee receives lower out-of-pocket cost by visiting a Delta Dental PPO Provider.
- Benefits up to \$1,500 per calendar year
- Benefits increase after the first and second years.
- Orthodontic benefits for dependent children
- 6 month waiting period for basic procedures
- 12 month waiting period for major procedures and ortho
- \$100 lifetime deductible on ortho
- Enrollment available regardless of age
- Group insurance coverage available to members of Benefits Association Inc.

### Dental Benefit Highlights

	Year 1	Year 2	Year 3
<b>Diagnostic &amp; Preventive</b>			
<ul style="list-style-type: none"> <li>• <b>Diagnostic:</b> Routine periodic examinations once in a 6 month period.</li> <li>• <b>Preventative:</b> Dental prophylaxis (teeth cleaning) once in a 6 month period.</li> <li>• <b>Radiography:</b> Bitewing and full mouth x-rays.</li> </ul>	80%	90%	100%
<b>Basic Services (6 month waiting period)</b>			
<ul style="list-style-type: none"> <li>• <b>Restorative:</b> Amalgam fillings.</li> <li>• <b>Other:</b> Space maintainers, recementation of crowns</li> </ul>	60%	70%	80%
<b>Major Services (12 month waiting period)</b>			
<ul style="list-style-type: none"> <li>• <b>Endodontics:</b> Pulpal therapy and root canals.</li> <li>• <b>Periodontics:</b> Treatment of diseases of the gums.</li> <li>• <b>Oral Surgery:</b> Extractions and other oral surgery, including pre and post operative care.</li> <li>• <b>Prosthetics:</b> Gold restorations, crowns, bridges, partials, and complete dentures</li> <li>• <b>Other:</b> Pontics, repair of crowns and bridges, repair of full and partial dentures.</li> </ul>	0%	40%	50%
<b>Orthodontia Services (12 month waiting period)</b>			
<ul style="list-style-type: none"> <li>• \$350 calendar year maximum</li> <li>• \$1000 lifetime maximum per person for this benefit</li> <li>• Orthodontic benefits are only available for eligible dependent children.</li> </ul>	0%	40%	50%

**Deductible:** \$50 per person, per calendar year. Separate \$100 lifetime for Orthodontic Procedures.

**Office Co-Pay:** N/A