

Dental Insurance – Delta Dental (find dental providers at www.deltadentalin.com)

Coverage Tier	Employee Per-Pay Premium Rate	
☐ Employee Only ☐ Employee + Spouse* ☐ Employee + Children* ☐ Family*	☐ \$6.86 ☐ \$15.44 ☐ \$18.42 ☐ \$37.75	
Features	Delta Dental PPO and Premier Dentist	Non-Participating Dentist (subject to balance billing)**
Deductible		
☐ Employee Only ☐ Employee + Dependents	☐ \$150 ☐ \$450	☐ \$150 ☐ \$450
Annual Benefit Maximum – Classes I, II & III	\$1,000	\$1,000
Orthodontic Lifetime Maximum – Class IV	\$1,000	\$1,000
Class I Benefits – Preventative ☐ Diagnostic & Preventative (2 cleanings per year) ☐ X-Rays	Plan Pays 100%, Deductible Waived	Plan pays 100%, Deductible Waived
Class II Benefits – Basic ☐ Oral Surgery ☐ Minor Restorative Services ☐ Emergency Palliative Treatment ☐ Periodontics & Endodontics	Deductible first, then Plan pays 80%	Deductible first, then Plan pays 80%
Class III Benefits – Major ☐ Prosthodontics ☐ Major Restorative Services	Deductible first, then Plan pays 50%	Deductible first, then Plan pays 50%
Class IV – Orthodontics ☐ Orthodontics – limited to dependent children who are 18 years of age and under	Plan pays 50% up to \$1,000 Lifetime Maximum, Deductible Waived	Plan pays 50% up to \$1,000 Lifetime Maximum, Deductible Waived

*See “Definitions of Important Benefit Terminology” in this Guide for more information on Eligible Dependents.

**When you receive services from a non-participating dentist, the percentages in this column indicate the portion of Delta Dental’s Non-Participating Dentist Fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves, and you are responsible for the difference.