

Delta Dental Benefits

Diagnostic100% (no deductible)

Provides all necessary procedures to assist the dentist in evaluation of the conditions existing and the dental care required.
 Examinations: two per coverage year
 Diagnostic x-rays: Bitewings, two per coverage year / Full mouth each three years

Preventive100% (no deductible)

Provides for:
 Prophylaxis (cleaning): Two per coverage year
 Topical Fluoride: Two per coverage year to age 19 / One per coverage year age 19 and older
 Space Maintainers, fixed (band type)
 Dental Sealants-for unrestored first and second permanent molars of children up to their 16th birthday.

Ancillary80%

Provides for emergency treatment for relief of pain

Oral Surgery80%

Provides for extractions and other oral surgery including preoperative and postoperative care

Regular Restorative Dentistry80%

Pre-formed or stainless steel restorations such as silver (amalgam fillings and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.

SPECIAL SERVICES

Endodontics, Periodontics80%

Includes necessary procedures for root canal treatments and root canal fillings.
 Includes procedures necessary for the treatment of diseases of the tissues supporting the teeth.

Special Restorative Dentistry60%

Provides gold restorations when the teeth cannot be filled with another filling material; crowns and jackets when the teeth cannot be restored with a filling material.

Prosthetics60%

Procedures for the construction or repair of fixed bridges, partial dentures, complete dentures, or implants (includes crowns when used as abutments to a bridge)

**Maximum Benefits - \$1,500 per coverage year per person.
 Deductible - \$25 per individual per year.
 Family maximum deductible is \$75 per year. Does not apply to diagnostic and preventive services.**

- Insurance cards will be sent from Delta Dental

PRE-TAX RATES PER PAY PERIOD* (24 Pay Periods)				
	Less than 5 years of service		More than 5 years of service	
	EE PAID	ER PAID	EE PAID	ER PAID
Employee Only	\$11.86	\$10.04	\$11.86	\$10.04
Family	\$25.84	\$20.98	\$14.59	\$32.23