

INDIVIDUAL AND FAMILY PLAN COMPARISONS

DELTA DENTAL PPO

MONTHLY RATES

Individual	\$34.00
Individual + Spouse	\$70.00
Individual + Child(ren)	\$80.00
Family	\$120.00

BENEFITS

CO-INSURANCE FOR:	WHAT YOU PAY
Preventive/Diagnostic Services	0%
Basic Services	30% *
<i>Initial 6-month specific benefit limitation period applies.</i>	
Major Services	60% *
<i>Initial 12-month specific benefit limitation period applies.</i>	
Orthodontic Services	N/A
* Annual Per Person Deductible Applies	\$50
Annual Per Person Maximum	\$1,000
Lifetime Orthodontic Maximum	N/A

UNIQUE FEATURES

- No balance-billing within Delta Dental PPO Network
- Endodontics, periodontics and oral surgery are covered benefits under basic services.
- Benefits paid by the plan for covered oral evaluations and routine prophylaxis will not reduce your benefit year maximum payment for Preventive/Diagnostic Services, Basic Services and Major Services.

Plan design and rates subject to change.

FEDERALLY COMPLIANT PLANS

PPO PLUS PREMIER LOW OPTION

MONTHLY RATES

Individual	\$ 22.00
Individual + Spouse	\$ 44.00
Individual + 1 Dependent	\$ 36.00
Individual + 2 Dependents	\$ 56.00
Individual + 3 or more Dependents	\$ 74.00
Individual + Spouse + 1 Dependent	\$ 58.00
Individual + Spouse + 2 Dependents	\$ 78.00
Individual + Spouse + 3 or more Dependents	\$ 96.00

BENEFITS

CO-INSURANCE FOR:	WHAT YOU PAY
Preventive/Diagnostic Services	0% *
Basic Services	40% * ++
<i>Initial 6-month specific benefit limitation period applies to covered persons age 19 or older.</i>	
Major Services	50% * ++
<i>Initial 12-month specific benefit limitation period applies to covered persons age 19 or older.</i>	
Orthodontic Services	50% ○
<i>Applies to covered persons to age 19 when Medically Necessary.</i>	
* Annual Per Person Deductible Applies	\$75
Annual Maximum Out of Pocket	\$350
<i>1 covered person to age 19.</i>	
Annual Maximum Out of Pocket	\$700
<i>2 or more covered persons to age 19.</i>	
Annual Maximum	\$1,500
<i>for covered persons age 19 or older.</i>	

○ Orthodontic Benefits are available only with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapping malocclusions caused by cranio-facial orthopedic deformities involving the teeth.

++ The surgical or nonsurgical removal/extraction of third molars must be medically necessary, based upon Delta Dental guidelines.

Plan design and rates subject to change.

PPO PLUS PREMIER HIGH OPTION

MONTHLY RATES

Individual	\$ 36.00
Individual + Spouse	\$ 72.00
Individual + 1 Dependent	\$ 58.00
Individual + 2 Dependents	\$ 91.00
Individual + 3 or more Dependents	\$120.00
Individual + Spouse + 1 Dependent	\$ 94.00
Individual + Spouse + 2 Dependents	\$127.00
Individual + Spouse + 3 or more Dependents	\$156.00

BENEFITS

CO-INSURANCE FOR:	WHAT YOU PAY
Preventive/Diagnostic Services	0%
Basic Services	20% * ++
<i>Initial 6-month specific benefit limitation period applies to covered persons age 19 or older.</i>	
Major Services	50% * ++
<i>Initial 12-month specific benefit limitation period applies to covered persons age 19 or older.</i>	
Orthodontic Services	50% ○
<i>Applies to covered persons to age 19 when Medically Necessary.</i>	
* Annual Per Person Deductible Applies	\$50
Annual Maximum Out of Pocket	\$350
<i>1 covered person to age 19.</i>	
Annual Maximum Out of Pocket	\$700
<i>2 or more covered persons to age 19.</i>	
Annual Maximum	\$1,500
<i>for covered persons age 19 or older.</i>	

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