

Compare Plans

Plan Dental for Everyone Immediate Coverage Plan
Delta Dental PPO/Premier

Dental for Everyone Platinum Plan
Delta Dental PPO

| Monthly Rate | Participant: | \$65.82 | Participant: | \$41.19 |
|--------------|--------------|----------|--------------|----------|
| | PlusOne: | \$123.61 | PlusOne: | \$75.55 |
| | Family: | \$181.41 | Family: | \$109.92 |

| Waiting / Costs | Cleaning: | None / 80%-100% | Cleaning: | None / 80%-100% |
|-----------------|-----------|--------------------|-----------|--------------------|
| | Filling: | None / 60%-80% | Filling: | 6 months / 60%-80% |
| | Crown: | None / 10%-50% | Crown: | 12 months / 0%-50% |
| | Ortho: | 12 months / 0%-50% | Ortho: | 12 months / 0%-50% |

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|-------------------|-------------------------------------|--|
| Deductible | \$150 lifetime deductible for Ortho | \$50 per person per calendar year. Separate \$100 lifetime for Orthodontic Procedures. |
|-------------------|-------------------------------------|--|

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|----------------------|---------------------------------|-----|
| Office Co-pay | \$25 Copay Per Person Per Visit | N/A |
|----------------------|---------------------------------|-----|

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|---------------------|---|-------------------------------------|
| Plan Maximum | \$3,000 Per Person Per Calendar Year/\$1,500 Lifetime Ortho Max | \$1500 per person per calendar year |
|---------------------|---|-------------------------------------|

Dental for Everyone Immediate Coverage Plan Delta Dental PPO/Premier

Plan Details

| | | |
|---------------------------|-------------------------|------------------------|
| Participant \$65.82/mo | Plus One \$123.61/mo | Family \$181.41 /mo |
|---------------------------|-------------------------|------------------------|

Benefits

| Description | Plan Pays Year 1 | Plan Pays Year 2 | Plan Pays Year 3 |
|--|--|------------------|------------------|
| Diagnostic and Preventative Procedures | 80% | 90% | 100% |
| Basic Procedures | 60% | 70% | 80% |
| Major Procedures | 10% | 40% | 50% |
| Orthodontia Procedures (12 month waiting period) | 0% | 50% | 50% |
| Disclaimer | PPO rates are based on the use of the PPO or Premier network. Payment to PPO Dentist is based on the Delta Dental PPO fee schedule. Payment to the Premier Dentist is based on Delta's Premier Maximum Contract Allowance. PPO and Premier Dentist will file the claim with Delta Dental. Non Delta Dentist may balance bill up to their fees. | | |
| Deductible | \$150 lifetime deductible for Ortho | | |
| Office Co-Pay | \$25 Copay Per Person Per Visit | | |

Dental for Everyone Platinum Plan Delta Dental PPO

Plan Details

| | | |
|---------------------------|------------------------|-----------------------|
| Participant \$41.19/mo | Plus One \$75.55/mo | Family \$109.92/mo |
|---------------------------|------------------------|-----------------------|

Benefits

| Description | Plan Pays Year 1 | Plan Pays Year 2 | Plan Pays Year 3 |
|--|--|------------------|------------------|
| Diagnostic and Preventative Procedures | 80% | 90% | 100% |
| Basic Procedures (6 month waiting period) | 60% | 70% | 80% |
| Major Procedures (12 month waiting period) | 0% | 40% | 50% |
| Orthodontia Procedures (12 month waiting period) | 0% | 40% | 50% |
| Deductible | \$350 calendar year maximum \$1000 lifetime maximum per person for this benefit Orthodontic benefits are only available for eligible dependent children. | | |
| Office Co-Pay | N/A | | |