

# Delta Dental Plan Options

Effective Date: 01/01/2024 - 12/31/2024

## Delta Preferred Option Program A

Benefit / Service Plan Type	Plan Coverage PPO	
	Participating Dentist (PPO)	Non-Participating Dentist (Non-PPO)
<b>Category</b>		
<b>Diagnostic and Preventive Services</b> Oral Exam / X-rays / Cleanings	100% Coverage	Plan pays 80%
<b>Basic Services</b> Oral Surgery / Fillings Endodontics / Periodontics	Plan pays 80%	Plan pays 80%
<b>Restorative</b> Crowns / Dentures	Plan pays 50%	Plan pays 50%
<b>Deductible</b> Per patient per calendar year Per family per calendar year	\$50 \$150	
<b>Maximum(s)</b> Per patient per calendar year	\$1,500	
Spouse includes Domestic Partner Dependent Child Coverage	To Age 26	
Program A has no deductible for diagnostic and preventive benefits regardless of whether treatment is provided by a PPO dentist or non-PPO dentist.		

## DeltaCare Plan CAA24

Benefit / Service Plan Type	Member Co-Payment HMO
<b>Category</b>	DMO Provider
<b>Diagnostic Services</b> Oral Exam and X-rays	No Charge
<b>Preventive Services</b> Cleaning - Adult  Cleaning - Child	No Charge  No Charge
<b>Restorative</b> One, Two and Three+ Surfaces	\$8 - \$14 copay
<b>Endodontics</b> Root Canal - One/Two/Three Canals	\$50/\$100/\$150 copay
<b>Periodontics</b> Gingivectomy - Per Tooth/Per Quadrant	\$25/\$125 copay
<b>Prosthodontics</b> Crown - Resin w/ High Noble Metal Complete Upper/Lower Denture	\$150 copay \$200 copay
Spouse includes Domestic Partner Dependent Child Coverage	To Age 26

Rates:	Delta Preferred Option Program A
Employee	\$89.14
Employee+Spouse	\$165.23
Employee+Child(ren)	\$165.09
Employee+Family	\$246.04

Rates:	DeltaCare HMO Plan CAA24
Employee	\$40.06
Employee+Spouse	\$67.31
Employee+Child(ren)	\$64.27
Employee+Family	\$93.17