



January 1 – December 31, 2015

# Dental Plans

BENEFIT FEATURES	Delta Dental PPO		Delta Dental (DeltaCare USA) DHMO
<b>Choice of Dentist (USA Only)</b>	Any licensed dentist. Plan pays higher benefits if you use an in network provider.		Your choice of Delta Dental DHMO dentist.
<b>Annual Deductible</b>	\$50 per individual \$150 maximum per family (excludes preventive services)		None
<b>Annual Maximum Benefit</b>	\$2,000 per individual		None
<b>Eligible Charges</b>	<b>Network providers:</b> Negotiated fees	<b>Non-Network providers:</b> Benefits based on usual, reasonable, and customary charges.	All benefits based on charges authorized by the Schedule of Benefits; all services performed by a DHMO network dentist.
<b>Preventive Services</b> • Cleaning • Fluoride Treatment • Sealant Treatment • Space Maintainer • X-rays (routine bite-wings)	<b>In-Network</b> No co pay; 2x within a calendar year. No co pay; 2x per calendar year for children under 16. No co pay; for children under age 16 for permanent molars every 5 years. No copay No copay per calendar year	<b>Out-of-Network</b> You pay 20% You pay 20%	No co pay; 1x per 6-month period. No copay; once per year for children to age 19 only. You pay \$5 per tooth (under age 18 only). You pay up to \$10 No copay
<b>Basic Services</b> • Amalgam Filling • Simple Extraction • General Anesthesia • Root Canal Therapy • Periodontal Maintenance • Periodontal Scaling • Root Planing / per Quadrant • Osseous Surgery • Resin-Composite Fillings	You pay 20% You pay 20%	You pay 20% You pay 20%	You pay \$0 You pay \$0 You pay first 30 minutes – \$125/each 15 minutes – \$60 You pay between \$35- \$105 You pay \$0 per Quadrant You pay \$20 – \$40 per Quadrant You pay \$20 – \$40 per Quadrant \$100-\$200 per Quadrant You pay \$10 - \$117
<b>Major Services</b> • Crowns • Denture Reline • Complete or Partial Denture • Fixed Bridge	You pay 30%* You pay 30%* You pay 30%* You pay 30%*	You pay 40%* You pay 40%* You pay 40%* You pay 40%*	You pay \$90 per crown (plus cost of precious / semi-precious metal) You pay \$0 (Chair side – You pay \$25 if sent to lab) You pay \$70 per full denture; \$50-\$70 per partial denture. You pay \$90 per unit
<b>Orthodontia Services (24-month banding)</b>	*Must use DHMO Network – You pay \$1,695 plus all charges incurred before banding begins and after banding removal (children and adults).		
<b>Cost for Coverage (Twice-Monthly)</b> • Employee Only • Employee + 1 Dependent • Employee + 2 or more Dependents	\$21.47 \$42.93 \$61.31		\$6.84 \$12.36 \$15.83

\* Replacement bridges, crowns, and dentures are not covered unless they are over five years old and cannot be made serviceable. A fixed bridge is not covered if the carrier determines a partial fixture is satisfactory. Must be preauthorized.