

Delta Dental	Plan #007302-1051 with PPO Option
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Benefits and Covered Services	Out-of-Network using a non-PPO Dentist	PPO OPTION - In-Network using a Delta PPO Dentist
Annual Maximum	\$3,000 per person each calendar year	\$3,200 per person each calendar year
Annual Deductible	\$0	\$0
Co-Pay	70-100%	70-100%
For Diagnostic, Preventive and Basic Services, Cleanings, Endodontics (root canals), Periodontics (gum treatment), Oral Surgery, Crowns, Inlays, Onlays and Cast Restorations	This is an incentive plan. Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.	
# Cleanings	3 per year	3 per year
Prosthodontics Bridges and Dentures	70%	70%
Dental Accident Benefits	100%	100%
	(separate \$1,000 maximum per person each calendar year)	(separate \$1,000 maximum per person each calendar year)
Excluded Services	Implants and Orthodontia are not covered.	Implants and Orthodontia are not covered.
Monthly Billed Rates	Employee only	\$73.48
	Employee + one	\$146.97
	Family	\$213.11

Delta Dental contact information:	1-866-499-3001	www.deltadentalins.com
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THIS SUMMARY IS NOT A COMPLETE LISTING of all of the benefit provisions, limitations and qualifications.

If this information conflicts with the DELTA DENTAL contract in any way, the contract will prevail. To request a detailed Summary of Benefits & Coverage, contact:

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