

Delta Dental Benefits	2015-2016		2016-2017					
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan				
Tier			Decrease of -7.6%	Increase of 17.4%				
Employee	\$2.79	\$11.06	\$0.23	\$18.37	*Buy-Up Plan requires a 2-year commitment			
EE & Spouse	\$38.31	\$55.29	\$33.05	\$70.30				
EE & Children	\$51.41	\$71.61	\$45.15	\$89.46				
EE & Family	\$90.17	\$119.87	\$80.97	\$146.12				

Delta Dental Plan Comparison as of July 1, 2014	PPO Dentist		Delta Dental Premier Dentist		*Non- Participating Dentist			
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan	Base Plan	Base Plan
	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Waiting Period	Waiting Period
Covered Services								
Diagnostic & Preventative Services								
Sealants	90%	90%	90%	90%	90%	90%	None	None
Oral Exams and Cleaning	90%	90%	90%	90%	90%	90%	None	None
X-Rays	90%	90%	90%	90%	90%	90%	None	None
Fluoride Treatment	90%	90%	90%	90%	90%	90%	None	None
Basic Services								
Simple Extractions	80%	80%	80%	80%	80%	80%	None	None
Complex Oral Surgery	80%	80%	80%	80%	80%	80%	None	None
Basic Restorative (Fillings)	80%	80%	80%	80%	80%	80%	None	None
Endodontics (Root Canal Therapy)	80%	80%	80%	80%	80%	80%	None	None
Periodontics (Gum Disease Treatment)	80%	80%	80%	80%	80%	80%	None	None
Major Services								
Denture Repair/Relines/Rebases	50%	50%	50%	50%	50%	50%	None	None
Prosthodontics (Dentures, Bridges)	50%	50%	50%	50%	50%	50%	None	None
Special Restorative (Crowns, Onlays)	50%	50%	50%	50%	50%	50%	None	None
Orthodontic Services								
Orthodontics (child to age 19)	50%	50%	50%	50%	50%	50%	None	None

***Important:** Non-Participating Dentists are allowed to balance bill. Employees and/or Dependents are responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

Age						
Type	Age Limit		Coverage Thru			
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan		
Dependent Child	26	26	Month	Month		
End Dependent Child	19	19	Month	Month		
Deductible (July 1st-June 30th)						
Class	Type		Network		Amount	
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan
All Covered Classes Except D&P and Ortho	Individual coverage amount	Individual coverage amount	PPO & Non-PPO	PPO & Non-PPO	\$75.00	\$75.00
All Covered Classes Except D&P and Ortho	Family coverage amount	Family coverage amount	PPO & Non-PPO	PPO & Non-PPO	\$225.00	\$225.00
Maximum (July 1st-June 30th)						
Class	Type		Network		Amount	
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan
All Covered Classes Except Ortho	Individual coverage amount	Individual coverage amount	PPO & Non-PPO	PPO & Non-PPO	\$1,200.00	\$2,000.00
Orthodontic Classes	Individual Lifetime	Individual Lifetime	PPO & Non-PPO	PPO & Non-PPO	\$1,500.00	\$2,000.00