

Group Dental Insurance

Insurer: Delta Dental

Phone: 1-800-521-2651

Providers: For a list of network providers visit www.deltadentalins.com

Premiums: Employee Only- \$35.49 Family- \$86.42 (12 month employees)

Employee Only- \$47.32 Family- \$115.23 (9 month employees)

Deductible: \$50 per calendar year. Maximum 3 per family. Deductible does not apply to Class 1 or Class 4.

Maximum Benefits: \$1,200 per calendar year (Class 2 and 3)

\$ 500 per calendar year (Class 4; \$1,000 lifetime)

Preventative Services (Class 1): No waiting period **100%**

- Routine exams (1 per 6 months)
- Bitewing x-rays (1 per 6 months)
- Full mouth / Panoramic x-rays (1 per 24 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Sealants for children up to age 16

Basic Services (Class 2): No waiting period **80%**

- Simple restorative services
- Simple extractions
- Denture and crown repair (dentures 1 per 24 months)
- Injections
- Complex Oral Surgery

Major Services (Class 3): 6 month waiting period **50%**

- Endodontics (root canal)
- Periodontics (gum treatment)
- Gold in-lays and crowns

Orthodontics (Class 4): 12 month waiting period **50%**

- Dependent Children only up to age 19
- Maximum annual benefit: \$500
- Maximum lifetime benefit: \$1,000