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