## **Your Dental Coverage**



In-network: 100%   In-network: 100%   In-network: 100%   Out-of-network: 80% after deductible	Dental plan features	CIGNA Dental Care DHMO	DeltaPreferred PPO	DeltaPreferred Passive PPO
FREVENTIVE AND DIAGNOSTIC   Out-of-network: 100%   In-network: 80% after deductible   In-network: 100%   Out-of-network: 80% after deductible   In-network: 80% after deductible   In-network: 100%   Out-of-network:	Network coverage	CIGNA DHMO network	DeltaPreferred network	DeltaPreferred network
- Oral exams (two per year) - Routine cleanings (two per year) - Full mouth X-rays (one complete set every three years) - Bitewing X-rays (two per year) - Panoramic X-rays (once every three years) - Pluoride treatments - Once every six months for persons under age 19 - Reduced, fixed, preset charges for all covered services  - Twice per year for persons under the age of 19 - Covered for first molars through the age of 13 one treatment per tooth, per lifetime  - Covered for first molars through the age of 13; one treatment per tooth, per lifetime  - ANNUAL DEDUCTIBLE - Individual - Family - Calendar-year maximum - Unlimited - Unlimited - In-network: \$500 Individual   \$150 Family - Out-of-network: \$100 Individual   \$300 Family - Out-of-network: \$500 per member - Out-of-network: \$500 per member - Out-of-network: \$500 per member - Out-of-network: \$0% after deductible - Out-of-network: 40% after deductible		No out-of-network coverage		benefits covered at in-network level regardless of dentist's status
- Routine cleanings (two per year) - Full mouth X-rays (one complete set every three years) - Bitewing X-rays (two per year) - Panoramic X-rays (once every three years) - Pluoride treatments - Couered for first molars through the age of 19 - Reduced, fixed, preset charges for all covered services  - Twice per year for persons under the age of 19 - Covered for first molars through the age of 8 and second molars through the age of 8 and second molars through the age of 13, one treatment per tooth, per lifetime  - ANNUAL DEDUCTIBLE - Individual - Family - None - None - In-network: - \$100 Individual   \$150 Family - Out-of-network: - \$100 Individual   \$300 Family - Out-of-network: - \$100 Individual   \$300 Family - Sol per member - Out-of-network: - \$500 per member - Out-of-network: - \$500 per member - Out-of-network: - \$60% after deductible - Out-of-network: - \$60% after deductible - Owered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars through the age of 19 - Covered for first molars thr	PREVENTIVE AND DIAGNOSTIC	100%	In-network: 100%	
Full mouth X-rays (one complete set every three years)  • Bitewing X-rays (two per year)  • Panoramic X-rays (once every three years)  • Fluoride treatments  • Once every six months for persons under age 19  • Sealants  • Panoramic X-rays (once every three years)  • Fluoride treatments  • Once every six months for persons under age 19  • Reduced, fixed, preset charges for all covered services  • Twice per year for persons under the age of 19  • Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  ANNUAL DEDUCTIBLE  Individual  Family  None  In-network:  \$50 Individual   \$150 Family  Out-of-network: \$100 Individual   \$300 Family  Out-of-network: \$500 per member  Out-of-network: \$500 per member  Out-of-network: \$500 per member  Out-of-network: \$60% after deductible  Out-of-network: 60% after deductible  Out-of-network: 40% after deductible	` ' ' '			
* Bitewing X-rays (two per year)  * Panoramic X-rays (once every three years)  * Pluoride treatments  * Once every six months for persons under age 19  * Reduced, fixed, preset charges for all covered services  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 19  * Covered for first molars through the age of 13 one treatment per tooth, per lifetime  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 13 one treatment per tooth, per lifetime  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 13 one treatment per tooth, per lifetime  * Twice per year for persons under the age of 13 one treatment per both age of 13 one treatment per lifetime  * Twice per year for pers			deductible	
Bitewing X-rays (two per year) Panoramic X-rays (once every three years) Fluoride treatments Peach covered for first molars through the age of 19 Reduced, fixed, preset charges for all covered services  **Twice per year for persons under the age of 19 Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  **Twice per year for persons under the age of 19 Covered for first molars through the age of 8 and second molars through the age of 8 and second molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  **In-network: \$50 Individual   \$150 Family  **Out-of-network: \$50 Individual   \$150 Family  **Unimited**  **In-network: \$1,500 per member  **Out-of-network: \$00 per member  **Out-of-network: \$00 after deductible  **Out-of-network: 60% after deductible  **Out-of-network: 50% after deductible  **Out-of-network: 40% after deductible				
* Fluoride treatments  * Once every six months for persons under age 19  * Reduced, fixed, preset charges for all covered services  * None  * None  * None  * None  * None  * None  * In-network: \$100 Individual   \$150 Family  * Sind Individual   \$300 Family  * Calendar-year maximum  * Unlimited  * Reduced, fixed, preset charges for all covered services  * Twice per year for persons under the age of 19  * Covered for first molars through the age of 8 and second molars through the age of 8 and second molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  * Sind Individual   \$150 Family  * Sind Individual   \$300 Family  * Calendar-year maximum  * Unlimited  * In-network: \$1,500 per member  Out-of-network: \$500 per member  Out-of-network: \$0% after deductible  Out-of-network: 60% after deductible  Out-of-network: 60% after deductible  Out-of-network: 40% after deductible				
*Sealants  *Sealants  *Reduced, fixed, preset charges for all covered services  *Reduced fixed, preset charges for all covered services  *Covered for first molars through the age of 3 and second molars through the age of 3 and second molars through the age of 3; one treatment per tooth, per lifetime  *ANNUAL DEDUCTIBLE Individual  *Family  *None  *In-network:  \$50 Individual   \$150 Family  *Out-of-network:  \$100 Individual   \$300 Family  *Calendar-year maximum  *Unlimited  *In-network: \$1,500 per member  Out-of-network: \$500 per member  Out-of-network: \$500 per member  Out-of-network: \$60% after deductible  Out-of-network: 60% after deductible  Out-of-network: \$0% after deductible				
for all covered services  age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime  ANNUAL DEDUCTIBLE Individual Family  None  In-network: \$50 Individual   \$150 Family  Out-of-network: \$100 Individual   \$300 Family  In-network: \$1,500 per member Out-of-network: \$500 per member Out-of-network: \$500 per member  Out-of-network: \$60% after deductible Out-of-network: 60% after deductible  Major restorative care  Reduced, fixed, preset charges for all covered services  Reduced, fixed, preset charges for all covered services  In-network: 50% after deductible Out-of-network: 50% after deductible Out-of-network: 50% after deductible Out-of-network: 40% after deductible Out-of-network: 40% after deductible Out-of-network: 40% after deductible	Fluoride treatments	persons under age 19		
Individual   None   In-network: \$50 Individual   \$150 Family   \$150 Individual   \$150 Family   \$150 Individual   \$150 Family   \$150 Individual   \$150 Family   \$150 Individual   \$150 I	Sealants		age of 8 and second molars through the age of 13; one treatment per	the age of 8 and second molars
So Individual   \$150 Family	ANNUAL DEDUCTIBLE			
Calendar-year maximum  Unlimited  In-network: \$1,500 per member Out-of-network: \$500 per member Out-of-network: \$500 per member  Basic restorative care  Reduced, fixed, preset charges for all covered services  In-network: 80% after deductible Out-of-network: 60% after deductible Out-of-network: 60% after deductible Out-of-network: 50% after deductible Out-of-network: 40% after deductible Out-of-network: 40% after deductible	Individual	None		\$50 Individual   \$150 Family
\$100 Individual   \$300 Family  Calendar-year maximum  Unlimited  In-network: \$1,500 per member Out-of-network: \$500 per member  Reduced, fixed, preset charges for all covered services  In-network: 80% after deductible Out-of-network: 60% after deductible Out-of-network: 50% after deductible  Reduced, fixed, preset charges for all covered services  In-network: 50% after deductible Out-of-network: 40% after deductible Out-of-network: 40% after deductible	Family	None	, ,	
Basic restorative care  Reduced, fixed, preset charges for all covered services  In-network: \$0% after deductible Out-of-network: 60% after deductible Out-of-network: 50% after deductible  Major restorative care  Reduced, fixed, preset charges for all covered services  In-network: 50% after deductible Out-of-network: 50% after deductible Out-of-network: 40% after deductible				
for all covered services  Out-of-network: 60% after deductible  Major restorative care  Reduced, fixed, preset charges for all covered services  In-network: 50% after deductible Out-of-network: 40% after deductible	Calendar-year maximum	Unlimited	•	\$1,500 per member
for all covered services  Out-of-network: 40% after deductible	Basic restorative care		Out-of-network: 60% after	80% after deductible
	Major restorative care		Out-of-network: 40% after	50% after deductible
OrthodontiaReduced, fixed, preset charges for all covered servicesIn-network: 50% up to \$1,000 lifetime maximum for dependent children up to the age of 1950% up to \$1,000 lifetime maximum for dependent up to the age of 19	Orthodontia		lifetime maximum for dependent	maximum for dependent children
Out-of-network: 40% up to\$500 lifetime maximum for dependent children up to the age of 19			lifetime maximum for dependent	
SEMIMONTHLY DENTAL RATES	SEMIMONTHLY DENTAL RATES			
Associate \$ 5.55 \$ 4.03 \$ 12.12				
Associate + child(ren)       \$ 9.19       \$ 13.03       \$ 28.63         Associate + spouse       \$ 8.33       \$ 9.25       \$ 23.73	, ,			
Family \$ 15.67 \$ 24.89 \$ 49.39	•			

 $<sup>{\</sup>rm *Although\ you'll\ receive\ in-network\ coverage\ levels\ even\ if\ your\ dentist\ is\ not\ in\ the\ Delta Preferred\ network,\ you\ may\ be\ billed\ by\ the\ dentist\ for\ all\ preferred\ network\ pre$ charges above usual and customary rates (UCR), and are responsible for any amounts over Delta's UCR limit.

