

Your Dental Coverage



Dental plan features	CIGNA Dental Care DHMO	DeltaPreferred PPO	DeltaPreferred Passive PPO
Network coverage	CIGNA DHMO network No out-of-network coverage	DeltaPreferred network Out-of-network coverage – lower benefit levels apply	DeltaPreferred network Out-of-network coverage – benefits covered at in-network level regardless of dentist's status in DeltaPreferred network*
PREVENTIVE AND DIAGNOSTIC <ul style="list-style-type: none"> • 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) • Fluoride treatments • Sealants 	100% <ul style="list-style-type: none"> • Once every six months for persons under age 19 • Reduced, fixed, preset charges for all covered services 	In-network: 100% Out-of-network: 80% after deductible <ul style="list-style-type: none"> • 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 	 <ul style="list-style-type: none"> • 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 None	In-network: \$50 Individual \$150 Family Out-of-network: \$100 Individual \$300 Family	\$50 Individual \$150 Family
Calendar-year maximum	Unlimited	In-network: \$1,500 per member Out-of-network: \$500 per member	\$1,500 per member
Basic restorative care	Reduced, fixed, preset charges for all covered services	In-network: 80% after deductible Out-of-network: 60% after deductible	80% after deductible
Major restorative care	Reduced, fixed, preset charges for all covered services	In-network: 50% after deductible Out-of-network: 40% after deductible	50% after deductible
Orthodontia	Reduced, fixed, preset charges for all covered services	In-network: 50% up to \$1,000 lifetime maximum for dependent children up to the age of 19 Out-of-network: 40% up to \$500 lifetime maximum for dependent children up to the age of 19	50% up to \$1,000 lifetime maximum for dependent children up to the age of 19
SEMIMONTHLY DENTAL RATES Associate Associate + child(ren) Associate + spouse Family	\$ 5.55 \$ 9.19 \$ 8.33 \$ 15.67	\$ 4.03 \$ 13.03 \$ 9.25 \$ 24.89	\$ 12.12 \$ 28.63 \$ 23.73 \$ 49.39

* Although you'll receive in-network coverage levels even if your dentist is not in the DeltaPreferred network, you may be billed by the dentist for all charges above usual and customary rates (UCR), and are responsible for any amounts over Delta's UCR limit.

