

# Delta Dental Plan Options through the Associations

Effective Date: December 01, 2017 - November 30, 2018

Insurance Carrier	DeltaCare USA	Delta Dental
Plan Name	Plan 11B	Fee For Service
Plan Type	HMO	DPO
Provider Network	DeltaCare USA Network ONLY	PPO or Premier Network
Calendar Year Maximum	Unlimited	\$1,000
Deductible:	None	Single \$50/Family \$ 150
Waived for Preventive	Not Applicable	Yes
Diagnostic		<b>"Delta Pays" (A)</b>
Office Visit	\$20 copay	\$26.00
Periodic Oral Evaluation	No Charge	\$17.00
Comprehensive Oral Evaluation	No Charge	\$22.00
Bitewing X-rays	No Charge	\$12.00 - \$26.00
Other X-rays	No Charge	\$5.00 - \$50.00
Preventive		<b>"Delta Pays" (A)</b>
Cleanings Adult	No Charge	\$40.00
Child through Age 13	Additional Cleanings: \$45.00 No Charge Additional Cleanings: \$35.00	Not Applicable \$32.00 Not Applicable
Restorative		<b>"Delta Pays" (A)</b>
Oral Surgery	No Charge - \$240 copay	\$53.00 - \$148.00
Endodontics (Root Canals)	No Charge - \$110 copay	\$26.00 - \$175.00
Periodontics (Deep Cleaning)	No Charge - \$250 copay \$80 copay - \$280 copay	\$50.00 - \$402.00 \$39.00 - \$448.00
Waiting Period	None	<b>"Delta Pays" (A)</b> None
Crowns	\$55 copay - \$240 copay	\$343.00 - \$391.00
Prosthodontics, Removable	\$20 copay - \$210 copay	\$255.00 - \$676.00
Prosthodontics, Fixed	\$40 copay - \$240 copay	\$191.00 - \$605.00
Orthodontia		
Pretreatment/Post Treatment	\$200 copay / \$70 copay	
Limited Treatment Child to 19	\$950 copay	NOT COVERED
Limited Treatment 19 to Adult	\$1,150 copay	
Comprehensive Treatment Child to 19	\$1,700 copay	
Comprehensive Treatment 19 to Adult	\$1,900 copay	
<b>Monthly Premium Rate</b>		
Subscriber Only	\$38.80	\$55.84
Subscriber+1	\$58.47	\$98.45
Subscriber+2 or more	\$82.42	\$129.24

(A) For each procedure, you are responsible for the portion of the dentist's fee that is more than the amount listed in the "Delta Dental Pays" column.