



# Delta Dental

Employee Monthly Cost	EPO	PPO Plus Plan 1	PPO Plus Plan 2
Employee	\$6.00	\$2.00	\$12.00
Employee + One	\$15.00	\$5.00	\$23.00
Employee + Family	\$25.00	\$10.00	\$30.00

**Please Note: Rates are tentative and subject to BOS approval.**

	EPO		PPO Plus Plan 1		PPO Plus Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>						
Individual	None	Not Covered	\$25	\$25	\$75	\$75
Family	None	Not Covered	\$75	\$75	\$225	\$225
Waived for Preventive Care	N/A	Not Covered	Yes	Yes	Yes	Yes
<b>Annual Maximum</b>						
Per Person / Family	\$2,000	Not Covered	\$1,000	\$1,000	\$1,250	\$1,250
Preventive Exams, Cleaning, Fluoride Application, X-Rays	100%	Not Covered	100%	100%	100%	100%
Basic Fillings, Simple Extractions, Endo/Periodontics	Based on fee schedule*	Not Covered	90% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Crowns, Implants	Based on fee schedule*	Not Covered	Not covered	Not covered	60% after deductible	60% after deductible
<b>Orthodontia</b>						
Benefit Percentage	Based on fee schedule*	Not Covered	Not covered	Not covered	50%	50%
Adult (and Covered Full-Time Students, if Eligible)	Based on fee schedule*	Not Covered	Not covered	Not covered	Not covered	Not covered
Dependent Child(ren)	Based on fee schedule*	Not Covered	Not covered	Not covered	Covered to age 19	Covered to age 19
Lifetime Maximum	\$2,000	Not Covered	Not covered	Not covered	\$1,000	\$1,000

\*Please see your Human Resources Benefits Team for the EPO Fee Schedule