



Dental Plan Options

Effective: 1/1/2024

Carriers					
	Option 1		Option 2 - HMO		
Eligibility	.75 FTE				
Monthly Rates	SNC Portion	Employee Portion	SNC Portion	Employee Portion	
	Single	\$12.37	\$28.87	\$6.85	\$16.00
	Employee +1	\$24.73	\$57.69	\$13.70	\$32.00
	Family	\$47.54	\$110.94	\$22.61	\$52.80
Annual Rates	SNC Portion	Employee Portion	SNC Portion	Employee Portion	
	Single	\$148.46	\$346.42	\$82.26	\$191.94
	Employee +1	\$296.71	\$692.33	\$164.40	\$384.00
	Family	\$570.53	\$1,331.23	\$271.32	\$633.60
Calendar-Year Deductible	\$50 per Individual; \$150 per Family		No Plan Deductible		
Annual Maximum (excluding orthodontia)*	★NEW! \$1,500 per member PPO Network / \$1,000 per member Non-PPO		\$1,250 per member		
Fee Schedule	Maximum Plan Allowance (MPA) * No Balance Billing for Network Providers		Dental HMO: Dental Associates (Tier 1) & Midwest Dental (Tier 2)		
Preventive / Diagnostic Services	Deductible Waived. Covered Services do not apply to the Annual Maximum Benefit		Cleanings & Exams do not apply to the Annual Maximum Benefit - Tier 1 Only		
	100%		100%		
Oral Exams & Cleanings					
X-Rays					
Topical Fluoride					
Sealants					
Space Maintainers					
Basic Services	Deductible Applies		No Plan Deductible		
	80%		100%		

			90%		
Amalgam/Composite Fillings					
Emergency Treatment to Relieve Pain					
Extractions (Non-Surgical & Surgical)					
Endodontics (Non-Surgical & Surgical)					
Periodontics (Non-Surgical & Surgical)					
Repair/Adjustments to Bridges & Dentures					
Major Services	Deductible Applies		No Plan Deductible		
	50%		90%		
Crowns, Inlays and Onlays					
Bridges and Dentures					
Implants					
Orthodontics					
	Deductible		No Deductible		
	Benefits Paid At		50%		
	Individual Lifetime Maximum		\$1,500		
	Limiting Age		Dependents to age 26		
	Adult Orthodontia		No Coverage		

*Non-participating dentists can bill for charges above the amount covered by a Delta Dental. To ensure you do not receive additional charges, visit a participating network provider.

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.

This is only a summary of your Dental Benefits. Please refer to the Delta Dental Summary Plan Description or CarePlus Certificate of Coverage for more detailed information. If the information in this summary differs, the Delta Dental Summary Plan Description or CarePlus Certificate of Coverage is the ruling document.