



Dental Plans

You may choose between two comprehensive dental plans: Delta Dental PPO and the Dental Care USA (DHMO). Please refer to page eight of your Benefits guide, for an explanation of the programs. Here is a brief comparison of the major differences between the two plans.

Benefits	Delta Care USA DHMO	Delta Dental PPO	
	In-Network	In-Network	Out-of-Network
Deductible	None	\$50/person \$100/family	\$50/person \$100/family
Annual Maximum Benefit	None	\$1,500/person	\$1,500/person
Claim Forms	None	Submit to Delta Dental	
Dental Care Providers	Select from network provider list	You choose network or non-network providers	
Preventive and Diagnostic	100%, except for sealants and space maintainers which have co-payments, refer to the Delta Care USA Fee Overview Schedule	100%; no deductible for Class I Services which include: Diagnostic: Oral exams, radiographs, test and lab exams, emergency pain care Preventive: Prophylaxis, fluoride treatments, space maintainers	80%; no deductible for Class I Services which include: Diagnostic: Oral exams, radiographs, test and lab exams, emergency pain care Preventive: Prophylaxis, fluoride treatments, space maintainers

Continues on back



Benefits	Delta Care USA DHMO	Delta Dental PPO	
	In-Network	In-Network	Out-of-Network
Other Dental Care	100% after co-payments; refer to the Delta Care USA Fee Overview Schedule	80% after deductible for Class II Basic Services: General Anesthesia, restorative (Basic) - Amalgam, Silicate, Acrylic, endodontics, periodontics, prosthodontics - Maintenance, oral surgery 50% after deductible for Class III Major Services: Restorative (Major) Installation of - Full Dentures, Partial Dentures, Fixed Bridgework, Crowns	60% after deductible for Class II Basic Services: General Anesthesia, restorative (Basic) - Amalgam, Silicate, Acrylic, endodontics, periodontics, prosthodontics - Maintenance, oral surgery 50% after deductible for Class III Major Services: Restorative (Major) Installation of - Full Dentures, Partial Dentures, Fixed Bridgework, Crowns
Orthodontia	Refer to the Delta Care USA Fee Overview Schedule	50% after additional \$50 deductible, \$2,000 lifetime orthodontia maximum ¹	50% after additional \$50 deductible, \$2,000 lifetime orthodontia maximum ¹

¹ Adult orthodontia is excluded from this plan. Exclusions and limitations may apply.

This is only a brief highlight of the plan benefits provided through the Delta Dental plan options. A more complete explanation of benefits may be obtained by contacting Delta Dental or the Human Resources Department.

For dental PPO benefits-related information, you may call 800-521-2651, or visit www.deltadentalins.com.

For a list of DHMO Providers and other benefit information, you may call 800-422-4234, or visit www.deltadentalins.com.

