

Delta Dental Plan Highlights at a Glance

Select the plan that best meets your and/or family needs. You have two (2) plans to choose from for dental coverage. The following gives you a summary description of each plan benefit; plus there is a Benefit Summary for each plan included in your packet. If you have any questions after reviewing all the materials, please call Delta Dental at (800) 955-2030.

Jessamine County Board of Education

	Delta Premier Plan	Delta PPO Plan
Deductible	\$50 Individual \$150 Family	In Network \$50 Individual \$150 Family Out Network \$100 Individual \$300 Family
Preventive Services	(Not subject to Deductible)	(Not subject to Deductible) (Subject to Deductible)
<i>Oral Exams</i>	100%	100% 100%
<i>X-Rays</i>	100%	100% 100%
<i>Teeth Cleaning</i>	100%	100% 100%
<i>Fluoride Treatments</i>	100%	100% 100%
Minor Services	(Subject to Deductible)	(Subject to Deductible)
<i>Fillings/Extractions</i>	80%	80% 60%
<i>Oral Surgery</i>	80%	80% 60%
Major Services	(Subject to Deductible)	(Subject to Deductible)
<i>Crowns</i>	50%	50% 25%
<i>Bridges</i>	50%	50% 25%
<i>Dentures</i>	50%	50% 25%
<i>Root Canals</i>	50%	50% 25%
<i>Periodontic Services</i>	50%	50% 25%
<i>Implants</i>	50%	50% 25%
Orthodontia (Braces)	50% up to \$2,000 lifetime maximum Dependents to age 19	50% up to \$2,000 lifetime maximum Dependents to age 19
Annual Maximum	\$2,000	\$2,000
Dependents	Dependents covered to age 26	Dependents covered to age 26
Waiting Period	12 Month Wait for Major & Orthodontic Services	12 Month Wait for Major & Orthodontic Services
Network	Any Dentist (Delta Dental Premier Network saves you money)	Any Dentist in the Delta Dental PPO Network for In-Network benefits
Per Months Rates		
Employee	\$31.00	\$25.96
Employee + Spouse	\$62.00	\$51.90
Employee + Child(ren)	\$66.64	\$54.50
Employee + Family	\$131.74	\$83.52

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