

	<b>Low Level <sup>1</sup></b>		<b>High Level <sup>2</sup></b>		<b>Premium Level <sup>3</sup></b>	
<b>General Plan Information</b>						
Annual Plan Maximum	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	\$1,200	\$1,000	\$2,200	\$2,000	\$3,200	\$3,000
Annual Deductible – Individual/Family	\$0		\$0		\$0	
<b>Covered Services</b>						
Diagnostic and Preventive Services	70-100%		70-100%		70-100%	
Number of Cleanings	2		2		3	
Endodontic Treatment	70-100%		70-100%		70-100%	
Periodontic Treatment	70-100%		70-100%		70-100%	
Major	70-100%		70-100%		70-100%	
Prosthodontics	50%		50%		50%	
Implants	Not Covered		Not Covered		50%	
<b>Dental Accident Benefits</b>						
	100%		100%		100%	
	(separate \$1,000 maximum per person each calendar year)		(separate \$1,000 maximum per person each calendar year)		(separate \$1,000 maximum per person each calendar year)	
<b>Orthodontia Services</b>						
Dependent Children	Not Covered		50%		50%	
Adults	Not Covered		Not Covered		50%	
Lifetime Maximum	Not Covered		\$1,000		\$2,000	
<b>Monthly Premium Rates</b>						
Employee Only	\$50.95		\$59.14		\$65.44	
Employee Plus One Dependent	\$101.90		\$118.26		\$130.87	
Employee Plus Two or More Dependents	\$172.26		\$199.96		\$221.24	

Delta Dental Premier is only offered at the time of hire and is not part of Open Enrollment