



# New Delta Dental Voluntary Plan

No cost for employers.

Substantial benefits for employees.

With the new voluntary dental plan from Delta Dental, employers can offer employees an affordable, substantial dental plan at no cost to the employer.

Employees pay the full premium and can choose from 3 options – Preventive, Catastrophic, or Comprehensive, which includes both Preventive and Catastrophic.

Each employee chooses the best plan to meet personal or family needs. Benefits are easy to understand and pricing is clear and simple.

## CHOOSE FROM 3 OPTIONS:

### 1. Preventive

- Covers dental check-ups, teeth cleaning and fillings
- Low premium, basic coverage
- Choice of dentists from Delta Dental PPO, Delta Dental Premier, or non-participating providers

— OR —

### 2. Catastrophic

- Covers major dental treatment such as root canals, gum disease, crowns, dentures, bridges
- Choice of dentists from Delta Dental PPO, Delta Dental Premier, or non-participating providers

— OR —

### 3. Comprehensive

- Coverage = Preventive + Catastrophic
- Cost = Preventive + Catastrophic
- Choice of dentists from Delta Dental PPO, Delta Dental Premier, or non-participating providers

**The new voluntary plan is available starting January 1, 2006.**

## New Voluntary Plans to Choose From

<b>PREVENTIVE PLAN</b>	<b>Delta Dental PPO</b>	<b>Delta Dental Premier</b>	<b>Non-participating/ Out-of-Network</b>
Deductible Per Person*	\$50	\$50	\$75
Check ups and Teeth Cleaning	80%	70%	50%
Cavity Repair**	50%	50%	30%
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	Not Covered	Not Covered	Not Covered
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited

\* Deductible applies to all covered services

\*\* Extractions & oral surgery not covered

### MONTHLY PREMIUM

<b>Single</b>	<b>\$10.00</b>
<b>Two Person</b>	<b>\$20.00</b>
<b>Family</b>	<b>\$38.00</b>

**OR**

<b>CATASTROPHIC PLAN</b>	<b>Delta Dental PPO</b>	<b>Delta Dental Premier</b>	<b>Non-participating/ Out-of-Network</b>
Deductible Per Person*	\$0	\$100	\$150
Check ups and Teeth Cleaning	Not Covered	Not Covered	Not Covered
Cavity Repair**	Not Covered	Not Covered	Not Covered
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	60%	50%	30%
Annual Benefit Maximum	\$1,250	\$1,250	\$1,250

\* Deductible applies to all covered services

\*\* Extractions & oral surgery not covered

### MONTHLY PREMIUM

<b>Single</b>	<b>\$12.00</b>
<b>Two Person</b>	<b>\$23.00</b>
<b>Family</b>	<b>\$25.00</b>

**OR**

<b>COMPREHENSIVE PLAN (Preventive + Catastrophic)</b>	<b>Delta Dental PPO</b>	<b>Delta Dental Premier</b>	<b>Non-participating/ Out-of-Network</b>
Deductible Per Person*	\$50	\$150	\$225
Check ups and Teeth Cleaning	80%	70%	50%
Cavity Repair**	50%	50%	30%
Root Canals, Gum and Bone Disease, Crowns, Dentures and Bridges	60%	50%	30%
Annual Benefit Maximum	\$1,250	\$1,250	\$1,250

\* Deductible applies to all covered services

\*\* Extractions & oral surgery not covered

### MONTHLY PREMIUM

<b>Single</b>	<b>\$22.00</b>
<b>Two Person</b>	<b>\$43.00</b>
<b>Family</b>	<b>\$63.00</b>

Annual open enrollment allowed. Employee must remain on one plan for 12 months before switching to another plan. No late entrants permitted. 24-month waiting period to re-enroll if coverage is dropped.