

## Delta Dental Plan Highlights at a Glance

Select the plan that best meets your and/or family needs. You have three (3) plans to choose from for dental coverage. The following gives you a summary description of each plan benefit; plus there is a Benefit Summary and Participating Provider Directory 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.

### Jefferson County Public Schools Group Number 678970

|  | <b>DeltaPreferred Plus<br/>Option 1</b>   | <b>DeltaPreferred Plus<br/>Option 2</b>   | <b>DeltaPreferred Plus<br/>Option 3</b>   |
|--|---|---|---|
| <b>Deductible</b>  | \$25 Individual<br>\$75 Family  | \$25 Individual<br>\$75 Family  | In-Network or Out-of-Network<br>\$50 Individual<br>\$100 Family   |
| <b>Preventive Services</b><br><i>Oral Exams</i><br><i>X-Rays</i><br><i>Teeth Cleaning</i><br><i>Fluoride Treatments</i>  | 100%<br>100%<br>100%<br>100%<br><br>D&P Plus Benefit (Services above do not<br>apply to annual maximum)   | 100%<br>100%<br>100%<br>100%<br><br>D&P Plus Benefit (Services above do not<br>apply to annual maximum)   | In-Network/Out-of Network<br>100%/80%<br>100%/80%<br>100%/80%<br>100%/80%<br><br>D&P Plus Benefit (Services above do not<br>apply to annual maximum)    |
| <b>Minor Services</b><br><i>Minor Restorative</i><br><i>Simple Extractions</i><br><i>Denture Repair</i>  | 50%<br>50%<br>50%<br><br><b>Posterior Composites Coverage<br/>(White Fillings)</b>  | 90%<br>90%<br>90%<br><br><b>Posterior Composites Coverage<br/>(White Fillings)</b>  | 80%/60%<br>80%/60%<br>80%/60%<br><br><b>Posterior Composites Coverage<br/>(White Fillings)</b>  |
| <b>Major Services</b><br><i>Prosthetic Services</i><br><i>Crowns</i><br><i>Oral Surgery</i><br><i>Root Canal</i><br><i>Periodontic Services</i><br><i>Implants</i> | 0%<br>0%<br>25%<br>25%<br>25%<br>0%   | 25%<br>25%<br>25%<br>25%<br>25%<br>0%   | 50%/40%<br>50%/40%<br>50%/40%<br>50%/40%<br>50%/40%<br>50%/40%  |
| <b>Orthodontia (Braces)</b>  | 0%  | 0%  | 50% up to \$1,000 Lifetime Maximum<br>for all enrollees   |
| <b>Annual Maximum</b>  | \$750   | \$1,000   | \$1,000   |
| <b>Dependents</b>  | Dependents covered to age 26  | Dependents covered to age 26  | Dependents covered to age 26  |
| <b>Network</b>   | In-Network- refer to our<br>Website-PPO Option Provider<br>Out-of-Network-use any licensed dentist but,<br>Use Premier Network to avoid Balance billing | In-Network- refer to our<br>Website-PPO Option Provider<br>Out-of-Network-use any licensed dentist but,<br>Use Premier Network to avoid Balance billing | In-Network- refer to our<br>Website-PPO Option Provider<br>Out-of-Network-use any licensed dentist but,<br>Use Premier Network to avoid Balance billing |
| <b>Monthly Rates</b><br>Single<br>Employee + Spouse<br>Employee + Child(ren)<br>Family   | \$15.91<br>\$32.23<br>\$40.23<br>\$63.63  | \$23.11<br>\$47.51<br>\$47.33<br>\$78.68  | \$29.80<br>\$63.30<br>\$54.75<br>\$95.29  |