

Delta Dental Plan Design & Rates

Services Covered	PPO/Premier Year 1 Plan Pays	PPO/Premier Year 2 Plan Pays	PPO/Premier Year 3 Plan Pays
<u>Type 1: Diagnostic & Preventive Services</u> <ul style="list-style-type: none"> • Oral Exams • X-rays • Cleanings • Fluoride treatments • Space maintainers 	100%	100%	100%
<u>Type 2: Basic Services</u> <ul style="list-style-type: none"> • Simple extractions, fillings • Palliative care • Denture repair • Sealants • General anesthesia 	50%	80%	80%
<u>Type 3: Major Services</u> <ul style="list-style-type: none"> • Endodontics • Periodontics • Complex oral surgery • Crowns, Inlays/Onlays, Bridges, Dentures 	25%	50%	50%
Waiting Period	None	None	None
Annual Deductible (per person)	\$50	\$50	\$50
Deductible waived on D&P?	No	No	Yes
Annual Maximum (per person)	\$1000	\$1000	\$1000
Rates			
Member	\$29.95	\$29.95	
Member + 1 dependent	\$57.75	\$57.75	
Member + Family	\$79.95	\$79.95	

- Rates guaranteed for two years, January 2009 – December 2010.
- PPO/Premier – Pays the PPO fee schedule in network/pays the Premier (UCR) fee schedule to Delta Premier and non-network dentists.
- This represents a summary of benefits. Complete information regarding limitations and exclusions will be included in the contract and member booklets.
- Please contact your local Farm Bureau agent if you would like more information on the Delta Dental Benefit.