

# Adel DeSoto Minburn CSD

## Voluntary Delta Dental Plan Options

Effective: 7/1/2023

Benefit Period = Calendar Year	Delta Dental PPO Voluntary Preventive Plan			Delta Dental PPO Voluntary Catastrophic Plan			Delta Dental PPO Voluntary Comprehensive Plan		
Schedule of Benefits:	PPO Dentist	Premier Dentist	Out-of-Network Dentist	PPO Dentist	Premier Dentist	Out-of-Network Dentist	PPO Dentist	Premier Dentist	Out-of-Network Dentist
<b>Annual Deductible</b> Fixed dollar amount you pay for Covered Services for each Covered Person in a benefit period before benefits are available under the Plan.	\$50	\$50	\$75	\$0	\$100	\$150	\$50	\$150	\$225
<b>Covered Services - Coinsurance Amounts are what the Insured Pays</b>									
<b>Check Ups and Teeth Cleaning</b> <b>(Diagnostic &amp; Preventive)</b> Teeth Cleaning, Oral Evaluations, Fluoride Applications, Sealant Applications, Space Maintainers, X-rays	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 50% Coinsurance	Not Covered			Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 50% Coinsurance
<b>Cavity Repair (Routine and Restorative)</b> Emergency Treatment Restoration of Decayed or Fractured Teeth Limited Occlusal Adjustment <i>Excluded: General Anesthesia/Sedation, Routine Oral Surgery, Tooth Extraction</i>	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance				Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance
<b>Root Canals (Endodontics)</b> Root Canal Therapy Retrograde fillings Apicoectomy, Pulpotomy Direct pulp caps	Not Covered			Deductible waived, 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance	Deductible, then 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance
<b>Gum and Bone Diseases</b> <b>(Periodontics)</b> Conservative Procedures (Non-Surgical) Complex Procedures (Surgical) Maintenance Therapy				Deductible waived, 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance	Deductible, then 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance
<b>High Cost Restorations (Cast Restorations)</b> Crowns, posterior composites Onlays, Inlays, Posts and Cores				Deductible waived, 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance	Deductible, then 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance
<b>Dentures and Bridges (Prosthetics)</b> Dentures, Partials, Bridges, Repairs and Adjustments				Deductible waived, 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance	Deductible, then 40% Coinsurance	Deductible, then 50% Coinsurance	Deductible, then 70% Coinsurance
<b>Orthodontic</b>	Not Covered			Not Covered			Not Covered		
<b>Annual Maximum</b> <i>The maximum amount each covered family member is eligible to receive for covered services in one benefit year</i>	No coverage limit for routine and preventive care			\$1,250			\$1,250		
<b>Monthly Rates - Per Person :</b>									
<b>Single</b>	\$10.84			\$13.00			\$24.18		
<b>Two Person</b>	\$21.66			\$24.92			\$46.56		
<b>Family</b>	\$41.14			\$27.08			\$68.20		
<b>Census:</b>									

Employee must remain on one plan for 12 months before switching to another plan. 24-month waiting period to re-enroll if coverage is dropped.

This contains only a partial description of the benefits, limitations, and other provisions of the Dental plans. It is not a contract or policy. It is a general overview only. In the event there are discrepancies between this document and the Certificate of Coverage and/or the Policy, the terms and conditions of the Certificate of Coverage and/or the Policy will govern.