



Dental Plan and Rates Effective January 1, 2019

Dental Plan	Delta Dental PPO Passive PPO	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Restorations (Amalgams or Composite)	80%	80%
General Services (including Emergency Treatment)	80%	80%
Simple Extractions	80%	80%
Major Services		
Oral Surgery* (includes surgical extractions)	50%	50%
Periodontics	50%	50%
Endodontics	50%	50%
Inlays/Onlays/Crowns	50%	50%
Dentures and other Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Child (age 18 or under)	
Deductible	\$50/\$150	\$50/\$150
Deductible applies to Preventive & Diagnostic	No	No
Annual Max	\$1,000	\$1,000
Lifetime Ortho Max	\$1,000	\$1,000
Waiting Period applies	No	
Out of Network Basis	UCR 90th	

Per Payroll Deduction	
Employee	\$13.73
Employee + Spouse	\$27.79
Employee + Child(ren)	\$37.66
Employee + Family	\$59.81

*Oral Surgery – covered by Delta Dental only if excluded by member’s medical insurance. When denial Explanation of Benefits is received by member from medical plan, member can send in to Delta Dental for processing.