

## Delta Dental Plan Highlights at a Glance Anderson County Board of Education

Select the plan that best meets your and/or family needs. You have two (2) plans to choose from for dental coverage. The following gives you a summary description of each plan benefit; plus there is a Benefit Summary. If you have any questions after reviewing all the materials, please call Delta Dental at (800) 955-2030.

	<b>Delta PPO+ Premier High 4001</b>	<b>Delta PPO+ Premier Low 4002</b>
<b>Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Preventive Services</b> <i>Oral Exams</i> <i>X-Rays</i> <i>Teeth Cleaning</i> <i>Fluoride Treatments</i>	100% in network dentist 80% out of network 100% in network dentist 80% out of network 100% in network dentist 80% out of network 100% in network dentist 80% out of network	100% in network and out of network 100% in network and out of network 100% in network and out of network 100% in network and out of network
<b>Minor Services</b> <i>Fillings/Extractions</i> <i>Oral Surgery</i> <i>Others Basic Services</i> <i>Denture Repair- repair to complete or partial dentures</i>	80% in network and out of network 80% in network and out of network 80% in network and out of network 80% in network and out of network	50% in network and out of network 50% in network and out of network 50% in network and out of network 50% in network and out of network
<b>Major Services</b> <i>Crowns</i> <i>Bridges &amp; Implants</i> <i>Dentures</i> <i>Periodontic Services</i> <i>Endodontic – Root Canals</i> <i>Periodontic Services</i>	50% in network dentist 50% out of network 50% in network dentist 50% out of network 50% in network dentist 50% out of network 50% in network dentist 50% out of network 50% in network dentist 50% out of network 50% in network dentist 50% out of network	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>Orthodontia</b> <i>(Braces)</i>	50% in and out of network \$1,000 orthodontic lifetime max for dependents up to age 19	Not Covered
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Deductible</b>	50 per person and 150 for family does not apply to Preventive Services	50 per person and 150 for family does not apply to Preventive Services
<b>Dependents</b>	Dependents covered to age 26	Dependents covered to age 26
<b>Waiting Period – 12-month Waiting Period on Major</b>	12-month Waiting Period on Major and Orthodontics	Does not apply to this plan
<b>Claim Forms</b>	Participating Dentists will file your claims	Participating Dentists will file your claims
<b>Monthly Rates</b> Single Employee + Spouse Employee + 1 child Employee and 2+ (child)ren Family	\$27.10 \$55.27 \$59.74 \$59.74 \$96.60	\$17.92 \$36.51 \$35.44 \$35.44 \$58.67