

REGIONAL TRANSPORTATION DISTRICT

Effective January 1, 2010

COVERAGE	PREFERRED PPO + PREMIER Group #1877		EPO Group #9097
Provider Selection	<p><i>*The Preferred percentage of benefits is based on the PPO Schedule of Allowance.</i></p> <p><i>**The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.</i></p> <p><i>***The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.</i></p>		<i>The patient MUST select a dentist from the (PPO) Network. There are NO out of network benefits.</i>
Annual Maximum	PREFERRED PPO	PREMIER	PPO Dentist Only
Annual Maximum	\$2,000		No annual maximum
Orthodontic Lifetime Maximum	\$1,500		
Diagnostic (x-rays, oral exam)	100%	100%	\$10.00 oral exam No co-pay for x-rays
Preventive (cleanings, fluoride)	100%	100%	No co-pay
Deductible	\$25 per calendar year. Limit to 3 per family. Deductible does not apply to Diagnostic, Preventive and Ortho Services.	\$50 per calendar year. Limit to 3 per family. Deductible does not apply to Diagnostic, Preventive and Ortho Services.	None
Restorative (fillings)	80% after \$25 deductible	80% after \$50 deductible	\$34 - \$110
Endodontics (root canal therapy)	80% after \$25 deductible	80% after \$50 deductible	\$23pulp cap; \$266 - \$503 Root Canal Therapy
Periodontics (treatment of the gums)	80% after \$25 deductible	80% after \$50 deductible	\$96 root planing; \$49-\$210 Gingivectomy. \$270-\$450 Osseous Surgery
Oral Surgery (extractions)	80% after \$25 deductible	80% after \$50 deductible	\$35-\$203 extractions
Crown and Bridge	50% after \$25 deductible	50% after \$50 deductible	\$375 - \$431 plus cost of precious metals; buildup \$101
Prosthodontics (dentures, partials)	50% after \$25 deductible	50% after \$50 deductible	\$583 upper or lower full; \$87-\$155 relines; \$347-\$583 partial
Orthodontics	50% for dependent children to age 19 only	50% for dependent children to age 19 only	\$975-\$3200 additional co-pays may apply. All eligible enrollees covered.
Out of area emergency	DELTA PPO, PREMIER AND OUT OF NETWORK PROVIDER.		Only with participating PPO provider

You may switch between plans only during open enrollment.

Find a Dentist- www.deltadentalco.com Customer Service Phone # is 800 610-0201

THIS IS A BRIEF DESCRIPTION OF THE PLANS AND DOES NOT CONSTITUTE A CONTRACT