

Plan Benefit Highlights for: Monroe County Board of County Commissioners

Group No: 17858

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26					
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$50 per person / \$150 per family each calendar year Yes					
Maximums D & P counts toward maximum	Silver Plan: \$3,000 per person each calendar year Gold Plan: \$5,000 per person each calendar year Yes					
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None		
	Silver Plan			Gold Plan		
Benefits and Covered Services*	Delta Dental PPO dentists†	Delta Dental Premier dentists†	Non-Delta Dental dentists†	Delta Dental PPO dentists†	Delta Dental Premier dentists†	Non-Delta Dental dentists†
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %	100 %	100 %	100 %	100 %
Basic Services Fillings, posterior composites, crown/inlay/only recementation, denture repair/relines and sealants	90 %	80 %	80 %	90 %	90 %	90 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %	80 %	90 %	90 %	90 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %	80 %	90 %	90 %	90 %
Oral Surgery Covered Under Basic Services	90 %	80 %	80 %	90 %	90 %	90 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %	50 %	60 %	60 %	60 %
Prosthodontics Bridges and dentures	60 %	50 %	50 %	60 %	60 %	60 %
Orthodontic Benefits Dependent children	50 %	50 %	50 %	50 %	50 %	50 %
Orthodontic Maximums	\$3,000 Lifetime	\$3,000 Lifetime	\$3,000 Lifetime	\$3,000 Lifetime	\$3,000 Lifetime	\$3,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company	Customer Service	Claims Address
1130 Sanctuary Parkway, Suite 600	800-521-2651	P.O. Box 1809
Alpharetta, GA 30009		Alpharetta, GA 30023-1809

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS