DELTA DENTAL®

YOUR DENTAL BENEFITS

Prepared for the employees of St Raphael Health Plan

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network *
Individual Annual Maximum	$1,500	$1,500
Deductible – Individual / Family	$0	$25/$75
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, X-rays, space maintainers, sealants^	100%	100%
Basic & Major Services Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions, and other oral surgery	100%	80%**
Crowns, bridges, dentures, and implants and repairs and adjustments to bridges and dentures	60%	50%**
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	50% $1,000 Age 26 No	50%** $1,000 Age 26 No
Maximum Benefit Bonus	Yes	
EBICP	Yes	
Special Health Care Needs Benefit	Yes	
Dependent Eligibility	Dependents are covered through the end of the month they turn 26	

***Deductible applies* *^Age limitations may apply*

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.

*If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

Maximum Benefit Bonus (MBB) places a portion of your unused annual maximum into your MBB account for use in future years.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications. Find out more at deltadentalwi.com/EBICP.

Special Health Care Needs Benefit (SHCNB) allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at deltadentalwi.com/SHCNB.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.