

Dental Plan Options

NEW in 2020: If you are enrolled in the UDB or Preventive Plan AND a major supplemental plan (Select or Select Plus) and have a qualified preventive service (cleaning/exam) in 2020, your deductible on the major supplemental plan will be waived in 2021. Individuals must be enrolled in both plans (UDB or Preventive Plan and Select or Select Plus Plans) in 2020 and 2021 to be eligible.

*Summaries do not cover all plan details.
Please refer to the Summary Plan
Description or Handbook.*

	UDB or Delta Dental PPO Plus Premier™ - Preventive Plan	Delta Dental PPO™ - Select Plan	Delta Dental PPO Plus Premier™ - Select Plus Plan
In-Network Providers (No out-of-network coverage)	Delta Dental PPO and Delta Dental Premier	Delta Dental PPO ONLY	Delta Dental PPO and Delta Dental Premier
Annual Deductible	None	\$100 / person	\$25 / person
Annual Maximum	\$1,000 / person	\$1,000 / person	\$2,500 / person
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Periodontal Maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics Coverage	50% (under age 19)	No coverage	50% (Regardless of age)
Orthodontics Lifetime Maximum	\$1,500	No coverage	\$1,500*

*In addition to UDB or Preventive Plan

Monthly Premium	Uniform Dental Benefit Plan (UDB)		Delta Dental PPO Plus Premier™ - Preventive Plan		Delta Dental PPO™ - Select Plan		Delta Dental PPO Plus Premier™ - Select Plus Plan	
	Active Employee	Retiree	Active Employee	Retiree	Active Employee	Retiree	Active Employee	Retiree
Individual	\$4	\$30.20	\$30.20	\$30.20	\$9.28	\$15.44	\$16.82	\$27.06
Individual + Child(ren)	--	--	--	--	\$12.52	\$21.19	\$31.12	\$50.06
Individual + Spouse	--	--	--	--	\$18.56	\$31.39	\$33.64	\$54.12
Family	\$9	\$75.50**	\$75.50	\$75.50	\$22.28	\$37.67	\$51.30	\$82.54

**Medicare 1 and Medicare 2 recipients pay a family rate of \$60.40 for UDB