

# DELTA DENTAL OF NYS

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns 26
<b>Deductibles</b>	\$50 per person / \$150 per family each plan year
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes
<b>Maximums</b>	\$2,000 per person each plan year
D & P counts toward maximum?	No
<b>Waiting Period(s)</b>	Major Restorative, Prosthodontics & Orthodontics - 6 Months

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-PPO dentists** (Delta Dental Premier® &amp; Non-Delta Dental Dentists)</b>
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100 %	100 %
<b>Basic Restorative</b> Fillings, posterior composites	80 %	80 %
<b>Endodontics</b> (root canals)	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %
<b>Major Restorative</b> Crowns, inlays, onlays and cast restorations	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures, implants, TMJ	50 %	50 %
<b>Orthodontic Benefits</b> dependent children to the end of the month that dependent turns 19	50 %	50 %
<b>Orthodontic Maximums</b>	\$ 1,000 Lifetime	\$ 1,000 Lifetime

## RATES

<b>EMPLOYEE</b>	<b>\$41.61</b>
<b>EMPLOYEE/SPOUSE</b>	<b>\$88.64</b>
<b>EMPLOYEE/CHILD(REN)</b>	<b>\$85.96</b>
<b>EMPLOYEE/FAMILY</b>	<b>\$139.06</b>

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

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.