

Plan Benefit Highlights for: City of Charleston

Group No: 18635

Effective Date: 01/01/2017

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 19 or to the end of the month dependent turns age 26 if dependent is full-time student			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Standard Plan: \$25 per person / \$75 per family each calendar year			
	Enhanced Plan: \$50 per person / \$150 per family each calendar year			
Maximums D & P counts toward maximum?	Standard Plan: \$1,200 per person each calendar year Enhanced Plan: \$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services**	Standard Plan		Enhanced Plan	
	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	90 %	90 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	90 %	90 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	90 %	90 %
Oral Surgery Covered Under Basic Services	80 %	80 %	90 %	90 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	60 %	60 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	60 %	60 %
Orthodontic Benefits Dependent children	50 %	50 %	50 %	50 %
Orthodontic Maximums	\$1,200 Lifetime	\$1,200 Lifetime	\$2,000 Lifetime	\$2,000 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 program allowance for non-Delta Dental dentists.

Delta Dental of West Virginia One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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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.