

## 2010 PDRMA Health Program Dental Plan

DENTAL BENEFIT Plan I - Dental Only	Benefit Payable		
	In-Network (Delta PPO) <sup>1</sup>	In-Network (Delta Premier) <sup>1</sup>	Out-of Network <sup>2</sup>
Deductible - Single / Family	\$25 / \$75	\$50 / \$150	\$50 each individual
Maximum Annual Benefit - Per covered individual per calendar year	\$2,000	\$2,000	\$1,200
Coverage percentage for:			
- Preventive Services (deductible waived)	100%	100%	90%
- Basic Services	80%	80%	70%
- Major Services	70%	70%	50%
Oral Surgery			
- Tooth extraction	80%	80%	70%

- *Most other oral surgery covered under medical benefits plan; see Dental Benefits Booklet.*
- *Be sure to have your dentist submit a predetermination of benefits form to Delta Dental before having the service done so you know what kind of coverage to expect.*

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DENTAL BENEFIT cont'd <b>Plan II - Dental + Orthodontia</b> (only for dependent children under age 19)	Benefit Payable		
	In-Network (Delta PPO) <sup>1</sup>	In-Network (Delta Premier) <sup>1</sup>	Out-of Network <sup>2</sup>
Dental Benefits, Deductible, Limits	Same as Plan I	Same as Plan I	Same as Plan I
Orthodontia Deductible	Not Applicable	Not Applicable	Not Applicable
Orthodontia Maximum Lifetime Benefit	\$2,000	\$2,000	\$1,000
Orthodontia Coverage Percentage	50%	50%	50%
<sup>1</sup> Delta Preferred Option and Premier networks: Benefit payments are made directly to the dentist; the dentist may <ul style="list-style-type: none"> <li>- only bill you the difference between the Approved Fee and the amount paid by Delta Dental on behalf of this Group Plan.</li> <li>- only require an up-front payment equal to the deductible and the percentage due based on the Approved Fee.</li> </ul> <sup>2</sup> Out-of-Network: Benefit payments are made directly to the employee; the dentist may <ul style="list-style-type: none"> <li>- require an up-front payment for his entire fee</li> <li>- hold you responsible for the difference between the reasonable and customary fee and his fee.</li> </ul>			