

DENTAL: PART-TIME TEAM MEMBERS

	DELTA DENTAL DPO
PLAN YEAR DEDUCTIBLE	
Individual	\$50
Family	\$150
ANNUAL BENEFIT MAXIMUM	
Per Individual	\$1500
SERVICES: WHAT YOU PAY	
Preventative Services (Exams)	0%
Basic Services (X-rays, fillings, extractions)	Deductible, then 30%
Major Services (Crowns, onlays, bridges, dentures)	Deductible, then 60%
ORTHODONTIA	
For adults	Not Covered
Eligible dependents	50%

	PART-TIME TEAM MEMBER PER-PAYCHECK DENTAL CONTRIBUTIONS
Employee Only	\$12.83
Employee + Spouse	\$20.68
Employee + Child (ren)	\$28.56
Employee + Family	\$42.01