



MAPLETON PUBLIC SCHOOLS

July 1, 2023 - June 30, 2024

DENTAL INSURANCE RATES

This is only for illustrative and summary purposes. The contents of this summary are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted on the following pages. The benefits in this summary may only be available if required plan procedures are followed (e.g., use of specific providers or facilities).

Summary of Covered Benefits	Delta Dental - Option 1	Delta Dental - Option 2
Network	PPO Dentist Only	PPO, Premier or Non-Participating Dentist
Maximum Benefit	\$1,000 per member per plan year	\$1,500 per member per plan year
Deductible:	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
	(applies to Basic & Major services)	
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance*
Basic Services	80% Coinsurance	90% PPO 80% Premier & Non-Participating
Major Services	50% Coinsurance	60% PPO 50% Premier & Non-Participating
Orthodontics (children under age 19 only)	50% Coinsurance \$1,000 Lifetime Maximum	50% Coinsurance \$1,500 Lifetime Maximum
Coverage Tier	Employee Cost Semi-Monthly	Employee Cost Semi-Monthly
Employee Only	\$0.00	\$2.00
Employee + Family	\$27.00	\$39.00

*Option 2, Diagnostic & Preventive services do not count against the maximum benefit when received from a Delta Dental PPO or Premier Provider.

