



# MAPLETON PUBLIC SCHOOLS

## July 1, 2023 - June 30, 2024

### DENTAL INSURANCE RATES/PART-TIME

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
<b>Network</b>	<b>PPO Dentist Only</b>	<b>PPO, Premier or Non-Participating Dentist</b>
<b>Maximum Benefit</b>	<b>\$1,000 per member per plan year</b>	<b>\$1,500 per member per plan year</b>
<b>Deductible:</b>	<b>\$50 Individual / \$150 Family</b>	<b>\$50 Individual / \$150 Family</b>
	(Applies to Basic & Major services)	
<b>Diagnostic &amp; Preventive</b>	<b>100% Coinsurance</b>	<b>100% Coinsurance*</b>
<b>Basic Services</b>	<b>80% Coinsurance</b>	<b>90% PPO 80% Premier &amp; Non-Participating</b>
<b>Major Services</b>	<b>50% Coinsurance</b>	<b>60% PPO 50% Premier &amp; Non-Participating</b>
<b>Orthodontics (children under age 19 only)</b>	<b>50% Coinsurance \$1,000 Lifetime Maximum</b>	<b>50% Coinsurance \$1,500 Lifetime Maximum</b>
<b>Coverage Tier</b>	<b>Employee Cost Semi-Monthly</b>	<b>Employee Cost Semi-Monthly</b>
<b>Employee Only</b>	<b>\$ 4.22</b>	<b>\$ 6.22</b>
<b>Employee + Family</b>	<b>\$32.32</b>	<b>\$44.32</b>

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

