

HIGHLIGHTED SECTION IS YOUR PLAN

Tri-County Schools Insurance Group

**DELTA PREMIER PLAN
DENTAL PLAN SUMMARY**

The following is a summary of the maximum annual diagnostic, preventive, basic, restorative, and prosthodontic benefits provided in any one calendar year, as well as the specific orthodontic coverage. Under these plans you may use any dentist you wish. It is to your advantage, however, to select a dentist who is a Delta Dental Dentist, since his or her fees have been accepted in advance by Delta Dental. If you are not sure which plan you are in, call the Tri-County Schools Insurance Group Administration Office.

SUMMARY OF BENEFITS

PLAN	D1	D1A	D1B	D2	D2A	D2B	D3	D3A	D3B	D4	D4A	D4B
Deductible	None	None	None	None	None	None	None	None	None	None	None	None
Annual Maximum	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
DPO Incentive ¹	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Adjusted Maximum	\$1,250	\$1,750	\$2,250	\$1,250	\$1,750	\$2,250	\$1,250	\$1,750	\$2,250	\$1,250	\$1,750	\$2,250
Diagnostic and Preventive	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Basic	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Crowns Restorations	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Prosthodontic Bridges/Partials	50%	50%	50%	50%	50%	50%	50%	50%	50%	70%	70%	70%
Orthodontic Lifetime Max. *	None	None	None	50% \$500 Child Only	50% \$500 Child Only	50% \$500 Child Only	50% \$500 Adult/Child	50% \$500 Adult/Child	50% \$500 Adult/Child	50% \$500 Child Only	50% \$500 Child Only	50% \$500 Child Only
Dental Accident Cal. Yr. Max. **	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000

* Orthodontic benefits are a lifetime maximum benefit. Lifetime maximum of \$1,000 for orthodontic is an additional option for bargaining groups.

** This Benefit is separate from the other Benefits.

- All dental plans are elected by bargaining groups only. Coverage is not available as an individual option.
- The plan pays 70% of the approved fee and will increase 10% each year to a maximum of 100% for each eligible patient that is seen by the dentist at least once during the year. The benefit percentage for Prosthodontic benefits does not change.
- All benefits are calendar year (January 1 through December 31).
- Eligible dependent children are covered to age 19 and may be covered to age 25 if the eligibility requirements established by the District and Tri-County Schools Insurance Group are met.
- ¹DPO Incentive: Additional \$250 for use at a DPO dentist after exhausting annual maximum.