MCSIG
municipalities • colleges • schools insurance group

2027
Municipalities, Colleges, Schools Insurance Group
Dental Plans Comparison

Your Dental Plan at a Glance	Grand Option Plan	High Option Plan	Medium Option	Low Option
Annual Maximum Benefit	$2,500 per person	$2,000 per person	$1,500 per person	$1,000 per person
Diagnostic and Preventive Benefits • Oral examination • X-rays • Biopsy/tissue examination • Prophylaxis (cleaning) • Fluoride treatment • Space maintainers • Specialist consultation	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Basic Benefits • Oral surgery (extractions including surgical removal of teeth) • Restorative (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay • Endodontics (root canal therapy) • Periodontics (treatment of gums and bones supporting teeth)	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Crowns, Jackets and Cast Restorations For treatment on carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic or plastic restorations	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Prosthodontic Benefits • Bridges (fixed and removable) • Partial dentures (subject to a maximum allowance) • Full dentures (subject to a maximum allowance	70% of Delta Dentist's fee	70% of Delta Dentist's fee	70% of Delta Dentist's fee	50% of Delta Dentist's fee
Orthodontia Optional; enrollment required by entire employee group, not available as an individual choice	50% up to $2,000 lifetime	50% up to $2,000 lifetime	50% up to $2,000 lifetime	50% up to $2,000 lifetime

* Delta pays 70% of the approved fees for covered diagnostic, preventative, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year to a maximum of 100%, provided you visit the dentist at least once during the year. If you do not see the dentist for any services in the calendar year, your coverage will drop by 10% increments annually, until the minimum of 70%. If you become ineligible for benefits and later regain eligibility, the percentage will drop back to 70%.

Delta Dental Customer Service: 866-499-3001 / To find a Delta Dental provider, visit deltadentalins.com **MCSIG Customer Services: 831-755-8055 or toll free 800-287-1442**