



Dental Plans- Madison River Union

Service Type	Basic Plan	Enhanced Plan
	PPO, Premier and Out-of-Network	PPO, Premier and Out-of-Network
<b>Diagnostic &amp; Preventive Care (Type A)</b> (Routine exams, cleanings, x-rays, sealants and fluoride treatments, etc.)	50% of allowable charges, 2 visits per year (no deductible)	75% of allowable charges, 2 visits per year (no deductible)
<b>Deductible</b>	\$100 per person/\$300 per family	
<b>General Dental Care (Type B)</b> (Fillings, simple extractions, root canals, periodontal services, oral surgery and other basic dental procedures)	50% of allowable charges after deductible	75% of allowable charges after deductible
<b>Major &amp; Restorative Care (Type C)</b> (Crowns, bridges, dentures, limited dental implants, etc.) <i>*See Claims Comparison example for a Crown below.</i>	50% of allowable charges after deductible	50% of allowable charges after deductible
<b>Annual Individual Benefit Maximum</b>	\$750	\$1,500
<b>Orthodontia (Type D)</b> (Braces, limited TMJ coverage)	N/A	50%
<b>Orthodontia Lifetime Benefit Maximum</b>	N/A	\$1,500 per lifetime maximum

**If you use a dentist participating in the Delta Dental PPO or Premier network, you will not be billed for the remaining balance over the maximum allowable amount, whether you select the Low or High Coverage option.** However, if you choose to use a dentist not participating in the Delta Dental networks, you must file your claims. Any reimbursement for those out of network claims will be paid directly to you. You will be responsible for paying the dentist.

<b>*Comparison of Network Options for a Crown Payment</b> (For illustrative purposes only. Actual charges and allowances may vary)			
	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Dentist Charge	\$725.00	\$725.00	\$725.00
Delta Dental's Maximum Allowance	\$616.00	\$700.00	\$525.00
Plan Pays 50%	\$308.00	\$350.00	\$262.50
<b>Patient Pays 50%</b>	<b>\$308.00</b>	<b>\$350.00</b>	<b>\$462.50</b>
You Save	\$109.00	\$25.00	\$0.00

**NOTE:** This represents a summary of coverage. Details in the Summary Plan Description govern in all cases.