



MAPLETON PUBLIC SCHOOLS

July 1, 2022 - June 30, 2023

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: (applies to Basic & Major services)	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
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	Semi-Monthly Premium Paid by Employee	Semi-Monthly Premium Paid by Employee
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.

