

Plan Facts

Dental Carrier: Delta Dental	deltadentaloh.com	800.524.0149
------------------------------	-------------------	--------------

Cost

	Basic	Comprehensive
Weekly Plan Price		
Partner Only	\$2.86	\$5.98
Partner + Spouse	\$7.44	\$15.54
Partner + Child(ren)	\$7.30	\$15.24
Partner + Family	\$8.45	\$17.64

Coverage

General Dental Expenses	Basic	Comprehensive
Annual deductible	PPO and Premier Providers \$25 Individual; \$75 Family Out of Network Providers \$50 Individual; \$150 Family	PPO and Premier Providers \$50 Individual; \$150 Family Out of Network Providers \$100 Individual; \$200 Family
Deductible waived for preventive/diagnostic care	Yes; Deductible is also waived for harmful habit appliances	Yes; Deductible is also waived for harmful habit appliances
Annual maximum coverage per person	PPO and Premier \$1,250 Out of Network \$1,000	PPO and Premier \$1,250 Out of Network \$1,250
Pretreatment estimate (recommended)	PPO and Premier \$200 Out of Network \$200	PPO and Premier \$200 Out of Network \$200
Exclusions/limitations	Check with Plan	Check with Plan
Preventive Care		
Primary covered preventive services	PPO and Premier Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance Out of Network Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance	PPO and Premier Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance Out of Network Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance
Preventive care benefits	PPO Providers 100% covered Premier Providers 70% Out of Network 70% covered; subject to Reasonable & Customary limits	PPO Providers 100% covered Premier Providers 90% Out of Network 90% covered; subject to Reasonable and Customary limits

Annual service limits--preventive care	<p>PPO and Premier Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply</p> <p>Out of Network Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply</p>	<p>PPO and Premier Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply</p> <p>Out of Network Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply</p>
Basic Services		
Fillings	<p>PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible Out of Network 30% covered after deductible; subject to Reasonable and Customary limits</p>	<p>PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible Out of Network 60% covered after deductible; subject to Reasonable and Customary limits</p>
Routine extractions	<p>PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible Out of Network 30% covered after deductible; subject to Reasonable and Customary Limits</p>	<p>PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible is met Out of Network 60% covered after deductible; subject to Reasonable and Customary limits</p>
Periodontics	<p>PPO Provider 80% after deductible Premier Provider 60% covered after deductible Out of Network 30% covered after deductible; subject to Reasonable and Customary limits</p>	<p>PPO Provider 80% after deductible Premier Provider 70% after deductible Out of Network 60% covered after deductible; subject to Reasonable and Customary limits</p>
Gingivoplasty or gingivectomy	<p>PPO Provider 80% after deductible Premier Provider 60% covered after deductible Out of Network 30% covered after deductible; subject to Reasonable and Customary limits</p>	<p>PPO Provider 80% after deductible Premier Provider 70% after deductible Out of Network 60% covered after deductible; subject to Reasonable and Customary limits</p>
Emergency treatment for dental pain	<p>PPO Provider 100% covered Premier Provider 70% covered Out of Network 70% covered; subject to Reasonable & Customary limits</p>	<p>PPO Provider 100% covered Premier Provider 90% covered Out of Network 90% covered; subject to Reasonable & Customary limits</p>
Annual service limits--basic services	<p>PPO and Premier Check with Plan for any frequency and age limitations that may apply Out of Network Check with Plan for any frequency and age limitations that may apply</p>	<p>PPO and Premier Check with Plan for any frequency and age limitations that may apply Out of Network Check with Plan for any frequency and age limitations that may apply</p>
Major Services		
Endodontics (root canal therapy)	<p>PPO and Premier Not covered Out of Network Not covered</p>	<p>PPO and Premier 50% covered after deductible Out of Network 40% covered after deductible</p>
Inlays/Onlays	<p>PPO and Premier Not covered Out of Network Not covered</p>	<p>PPO and Premier 50% covered after deductible Out of Network 40% covered after deductible</p>
Crowns	<p>PPO and Premier Not covered</p>	<p>PPO and Premier 50% covered after deductible is met</p>

Crowns (cont)	Out of Network Not covered	Out of Network 40% covered after deductible is met
Dentures	PPO and Premier Not covered Out of Network Not covered	PPO and Premier 50% covered after deductible is met Out of Network 40% covered after deductible is met
Bridges	PPO and Premier Not covered Out of Network Not covered	PPO and Premier 50% covered after deductible is met Out of Network 40% covered after deductible is met
Implants	PPO and Premier Not covered Out of Network Not covered	PPO and Premier 50% covered after deductible is met Out of Network 40% covered after deductible is met
Osseous surgery	PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible Out of Network - 30% covered after deductible; subject to Reasonable and Customary limits	PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible Out of Network - 60% covered after deductible; subject to Reasonable and Customary limits
Bruxism	Occlusal Guard – Once per lifetime PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible. Out of Network – 30% covered after deductible is met; Subject to Reasonable and Customary limits	Occlusal Guard – Once per lifetime PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible. Out of Network – 60% covered after deductible is met; Subject to Reasonable and Customary limits
Oral surgery	PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible is met Out of Network 30% covered after deductible; subject to Reasonable and Customary limits	PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible Out of Network 60% covered after deductible; subject to Reasonable and Customary limits
Anesthesia for dental care	PPO Provider 80% covered after deductible Premier Provider 60% covered after deductible is met Out of Network 30% covered after deductible; subject to Reasonable and Customary limits	PPO Provider 80% covered after deductible Premier Provider 70% covered after deductible is met Out of Network 60% covered after deductible; subject to Reasonable and Customary limits
Annual service limits--major services	PPO and Premier Check with Plan for any frequency and age limitations that may apply Out of Network Check with Plan for any frequency and age limitations that may apply	PPO and Premier Check with Plan for any frequency and age limitations that may apply Out of Network Check with Plan for any frequency and age limitations that may apply
Orthodontia Services		
Primary covered orthodontia services	PPO and Premier Not covered Out of Network Not covered	PPO and Premier Any service related with orthodontic treatment; all types of active appliances Out of Network Any service related with orthodontic treatment; all types of active appliances
Coverage available for child? Adult?	PPO and Premier Not covered Out of Network Not covered	PPO and Premier Child only; limited to under age 19 Out of Network Child only; limited to under age 19

Start-up fees	PPO and Premier Not covered	PPO and Premier Covered with Orthodontia treatment plan
	Out of Network Not covered	Out of Network Covered with Orthodontia treatment plan
Orthodontia benefits	PPO and Premier Not covered	PPO and Premier 50% covered
	Out of Network Not covered	Out of Network 50% covered; subject to Reasonable and Customary limits
Service limits and maximums--orthodontia	PPO and Premier Not applicable	PPO and Premier Limited to \$1,500 per lifetime
	Out of Network Not applicable	Out of Network Limited to \$1,500 per lifetime

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Cintas Corporation is not responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. Cintas Corporation reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.