



Dental Benefits – Delta Dental

Invited offers two dental plan options through Delta Dental: a Dental Provider Organization Plan and a Dental Health Maintenance Plan. DPO stands for Dental Provider Organization.

For the DPO plan, Delta Dental contracts with a network of dentists who have agreed to charge certain fees for approved services. The DPO plan offers dental provider choice as you have the freedom to visit network and out-of-network dentists. When you visit in-network dentists, the fees for covered services will generally be lower than out-of-network dentists. DHMO insurance plans typically cover dental services at a low cost and minimal or no copayments with a pre-selected primary care dentist or a dentist facility with multiple dentists.

DENTAL PROVIDER ORGANIZATION (DPO) OPTION

Preventive services at in-network providers generally are covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services. For information on finding a dental provider using the Delta Dental PPO network, visits www.deltadental.com and click Find A Dentist.

Scan the QR code or visit www.deltadental.com for more information on Delta Dental networks and plans.



DENTAL HEALTH MAINTENANCE ORGANIZATION (DHMO) OPTION

If you decide to enroll in the DHMO Option for the first time or add new dependents under this option, you need to select a primary care dentist. You can only change your dentist once per year and you can choose a different DHMO dentist for yourself and each covered dependent. You should consult the participating provider directory prior to enrolling.

The DHMO plan is offered in AL, AR, AZ, CA, CO, DC, FL, GA, KS, KY, LA, MD, MI, MS, NV, NY, OH, PA, SC, TN, TX, WA, WI and WV.

PLAN HIGHLIGHTS	DPO PLAN	DHMO PLAN
NETWORK	DELTA DENTAL PPO NETWORK	DELTA DENTAL DHMO NETWORK
Calendar Year Maximum Benefit	\$1,500	None
YOU PAY		
CALENDAR YEAR DEDUCTIBLE		
Individual / Family	\$50 / \$150	None / None
PREVENTIVE		
Exams, Cleanings, Fluoride, X-Rays, Sealants, and Space Maintainers	0%	DHMO Benefits Schedule
BASIC SERVICES		
Filings and Simple Extractions	20%	DHMO Benefits Schedule
MAJOR SERVICES		
Crowns, Inlays, Onlays, Endodontics, Periodontics, Bridges, Dentures, and Oral Surgery	50%	DHMO Benefits Schedule
ORTHODONTIA SERVICES		
Coverage / Lifetime Maximum per Individual	50% / \$1,500 for Adults & Children	For Adults: \$2,100 / For Children (up to 19): \$1,150

The above information is a summary only. Please refer to your Benefit Summary for complete details of Plan benefits, limitations and exclusions.

DENTAL PLAN COST	DPO PLAN	DHMO PLAN
	BI-WEEKLY	BI-WEEKLY
Employee Only	\$15.74	\$7.23
Employee and Spouse	\$33.34	\$12.42
Employee and Child(ren)	\$32.70	\$12.50
Employee and Family	\$53.01	\$18.01