

Dental Benefits: Delta Dental



Invited offers three dental plan options through Delta Dental: A Dental Provider Organization plan with orthodontia coverage, a Dental Provider Organization plan with 90% coverage for out-of-network coverage and no coverage for orthodontia and a Dental Health Maintenance Plan. DPO stands for Dental Provider Organization.

For the DPO plans, Delta Dental contracts with a network of dentists who have agreed to charge certain fees for approved services. The DPO plans offer 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 plan typically covers dental services at a low cost and minimal or no copayments with a preselected primary care dentist or a dentist facility with multiple dentists.

Dental Provider Organization (DPO) Options

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 select or change your general dentist from the DeltaCare USA network anytime online or by phone. 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	Ortho DPO Plan	No Ortho DPO Plan	DHMO PLAN
NETWORK	DELTA DENTAL PPO NETWORK	DELTA DENTAL PPO NETWORK	DELTA DENTAL DHMO NETWORK
Calendar Year Maximum Benefit	\$1,500	\$1,500	None
	YOU PAY		
CALENDAR YEAR DEDUCTIBLE			
Individual / Family	\$50 / \$150	\$50 / \$150	None / None
PREVENTIVE			
Exams, Cleanings, Fluoride, X-Rays, Sealants, and Space Maintainers	0%	0%	DHMO Benefits Schedule
BASIC SERVICES			
Filings and Simple Extractions	20%	20%	DHMO Benefits Schedule
MAJOR SERVICES			
Crowns, Inlays, Onlays, Endodontics, Periodontics, Bridges, Dentures, and Oral Surgery	50%	50%	DHMO Benefits Schedule
ORTHODONTIA SERVICES			
Coverage / Lifetime Maximum per Individual	50% / \$1,500 for Adults & Children	Not Covered	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	Ortho DPO Plan		No Ortho DPO Plan		DHMO	
	BIWEEKLY	WEEKLY	BIWEEKLY	WEEKLY	BIWEEKLY	WEEKLY
Employee Only	\$16.53	\$8.26	\$18.12	\$9.06	\$7.23	\$3.62
Employee and Spouse	\$35.01	\$17.50	\$38.36	\$19.18	\$12.42	\$6.21
Employee and Child(ren)	\$34.33	\$17.17	\$37.67	\$18.83	\$12.50	\$6.25
Employee and Family	\$55.66	\$27.83	\$61.05	\$30.53	\$18.01	\$9.01