

DELTA DENTAL OF NYS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns 26
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each plan year Yes
Maximums D & P counts toward maximum?	\$2,000 per person each plan year No
Waiting Period(s)	Major Restorative, Prosthodontics & Orthodontics - 6 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Restorative Fillings, posterior composites	80 %	80 %
Endodontics (root canals)	80 %	80 %
Periodontics (gum treatment)	80 %	80 %
Oral Surgery	80 %	80 %
Major Restorative Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges and dentures, implants, TMJ	50 %	50 %
Orthodontic Benefits dependent children to the end of the month that dependent turns 19	50 %	50 %
Orthodontic Maximums	\$ 1,000 Lifetime	\$ 1,000 Lifetime

RATES

EMPLOYEE	\$42.44
EMPLOYEE/SPOUSE	\$90.41
EMPLOYEE/CHILD(REN)	\$87.68
EMPLOYEE/FAMILY	\$141.84

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.