

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$19.80	\$37.53	\$35.28	\$58.86

Dental Benefits	In Network	Out of Network
Annual Deductible	\$0	\$0
Annual Maximum Benefit	\$1,000 per insured person	\$1,000 per insured person
Diagnostic & Preventive		
Exams / Cleanings (twice per year)	Covered 100%	Covered 100%
Bitewing X-Rays (once per year)	Covered 100%	Covered 100%
Full mouth X-Rays (once every 5 years)	Covered 100%	Covered 100%
Fluoride Treatment ¹ (twice per year)	Covered 100%	Covered 100%
Space Maintainers ² (once per space)	Covered 100%	Covered 100%

¹Fluoride treatments are for eligible children to age 19 in combination with cleanings and subject to the same annual limitations.

²Space maintainers are once per space for missing posterior primary teeth for children under age 14.

This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

Cleanings covered 100%!

Visit any dentist you want!

Affordable Dental Benefits!

Locating a network dentist:

From the Delta Dental mobile app or website at <https://www.deltadentalct.com>

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$44.15	\$88.20	\$83.47	\$134.99

Dental Benefits	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Maximum Benefit	\$1,500 per insured person	\$1,500 per insured person
Diagnostic & Preventive		
Exams / Cleanings (twice per year) Bitewing X-Rays (once per year) Full mouth X-Rays (once every 5 years)	Covered 100% (deductible waived)	Covered 80% (deductible waived)
Basic Services		
Fillings (once per tooth in 365 days) Extractions Root Canal (once per tooth per lifetime)	Covered 80% after deductible is met	Covered 50% after deductible is met
Major Services		
Crowns (once per tooth every 5 years) Dentures (once every 5 years) Bridges (once every 5 years) Implants (once every 5 years)	Covered 50% after deductible is met	Covered 50% after deductible is met
Orthodontic Services	Not Covered	Not Covered

This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

No waiting periods!

Visit any dentist you want!

Cleanings covered 100% in network!

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