

DELTA DENTAL PREFERRED OPTION PROGRAM

<u>Dental Services Paid</u>	<u>DPO Dentist</u>	<u>Non-DPO Dentist</u>
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Calendar Year Deductible:

\$25 for each enrollee up to a limit of \$50 per family.
Deductible does not apply to Diagnostic and Preventive Services

Maximum Payments:

\$2,000 for each enrollee per calendar year.
Orthodontic lifetime amount for each dependent child is \$2,000.

Diagnostic & Preventive Services

100%

100%

Waiting Period: None

Basic Services

85%

80%

Waiting Period: None

Crowns, Jackets, Inlays, Onlays and Cast Restorations

50%

50%

Waiting Period: None

Prosthodontic Services

50%

50%

Waiting Period: 12 months of continuous enrollment

Orthodontics (for eligible dependent children only)

50%

50%

Waiting Period: 12 months of continuous enrollment

VISION SERVICE PLAN (VSP)

Benefits Paid	VSP Participating Provider	VSP - Non Participating Provider
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Examination once every 12 months
Lenses once every 12 months
Frame once every 24 months

Examination

100%

up to \$40

Single Vision Lenses

100%

up to \$40

Bifocal Lenses

100%

up to \$60

Trifocal Lenses

100%

up to \$80

Lenticular Lenses

100%

up to \$125

Frame

100% *

up to \$45

* A wide selection of attractive frames are covered in full.

Contact Lenses (Instead of spectacle lenses and frame)

Necessary

100%

up to \$210

Elective

up to \$105

up to \$105