



**Delta Dental Benefit Highlights**  
**Jefferson Medical College**  
**Effective Date: August 2011 – August 2012**

BENEFITS AND COVERED SERVICES	Basic Plan			Enhanced Plan		
	Limitation	In-Network Dentist	Out-Of-Network Dentist	Limitation	In-Network Dentist	Out-Of-Network Dentist
<b>DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b>		100%	100%		100%	100%
<b>DEDUCTIBLE</b>	No deductible			\$50 per person/calendar yr - does not apply to diagnostic & preventive		
Oral examinations	Covered once in any six-month period.			Covered once in any six-month period.		
Routine cleanings	Covered once in any six-month period.			Covered once in any six-month period.		
X-rays	Covered once in any six-month period.			Covered once in any six-month period.		
Fluoride treatment	Covered once in any six-month period.			Covered once in any six-month period.		
Space maintainers	Limited to age 14.			Limited to age 14.		
Sealants	Limited to age 19.			Limited to age 19.		
<b>BASIC BENEFITS</b>		0%	0%		80%	80%
Fillings	Not covered.			Covered.		
<b>MAJOR BENEFITS</b>		0%	0%		0%	0%
Crowns	Not covered.			Not covered.		
Inlays and onlays	Not covered.			Not covered.		
Cast restorations	Not covered.			Not covered.		
<b>ENDODONTICS</b>					80%	80%
Root canals	Not covered.			Covered.		
<b>PERIODONTICS</b>		0%	0%		80%	80%
Gum treatment	Not covered.			Covered.		
<b>ORAL SURGERY</b>		0%	0%		80%	80%
Incisions	Not covered.			Covered.		
Excisions	Not covered.			Covered.		
Surgical removal of tooth	Not covered.			Covered.		
<b>PROSTHODONTICS</b>		0%	0%		0%	0%
Bridges	Not covered.			Not covered.		
Dentures	Not covered.			Not covered.		

TOTAL ANNUAL PREMIUM	BASIC PLAN - ANNUAL RATES		ENHANCED PLAN - ANNUAL RATES	
	<b>Student Only</b>	\$144.00	<b>Student Only</b>	\$296.00
<b>Student &amp; Family</b>	\$499.00	<b>Student &amp; Family</b>	\$1,027.00	

**NOTE:**

**Who's Eligible?** Primary enrollee, spouse or domestic partner, and eligible dependent children to age 19 or age 23 if a full-time student are eligible under both plans.

**Annual Maximum:** Under both plans, the maximum benefit paid per calendar year is \$1,000 per person in and out of PPO network.

**Both Plans** - Fees are based on PPO fees for In-PPO Network dentists and the MPA (maximum plan allowance) for Out-Of-PPO Network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

**Enhanced Plan ONLY** - Limitations may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.