

DENTAL

What are my choices?

You have a choice of three dental plans provided by Delta Dental of Kentucky :

- **The DeltaCare plan** is a dental health maintenance organization (DHMO). Like medical HMO plans, it offers a high level of coverage but requires you to receive all your dental care from dentists and specialists within the plan's network. Under this plan, you select a dentist from within the plan's network who will coordinate your care.
- **The Delta Preferred plan** is a dental preferred provider organization. Like a medical PPO, it covers care you receive from any dentist, but offers a higher level of coverage when you use dentists and specialists in the plan's network.
- **The Delta Premier plan** is an indemnity plan which offers the same level of coverage with any provider, but has a higher deductible than the other plans offered to you.

Note: If you were not enrolled in a dental plan during the previous 12 months, there will be a 12-month waiting period for coverage of major services and orthodontia if you enroll in the Delta Preferred or Delta Premier plans.

How much does dental coverage cost?

Listed below are the employee monthly costs for the dental plan options in PY17.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC16 (DHMO)
Employee	\$20.96	\$21.64	\$11.20
Employee + Spouse	\$40.26	\$42.08	\$21.52
Employee + Child(ren)	\$40.26	\$42.08	\$22.10
Employee + Spouse + Child(ren)	\$67.54	\$71.24	\$33.88
Employee + Qualified Adult	\$40.26	\$42.08	\$21.52
Employee + Qualified Adult + Child(ren)	\$67.54	\$71.24	\$33.88

For a full listing of dental benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.

The copayments shown below for DeltaCare are estimates. Actual copayments are provided on the Member Copayment Schedule posted on MyMetro.

PY17 DENTAL BENEFITS

Benefit	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCareDC16 (DHMO)
	In-Network	Out-of-Network ¹	Any Provider	In-Network Only
Need to select participating dentist?	No	No	No	Yes ²
Annual deductible	\$0	\$25/\$75	\$50/\$150	N/A
Cleanings (2/year)	Covered in full	80%	Covered in full	Covered in full
Bitewing X-rays	Covered in full	80%	Covered in full	Covered in full
Filling (one surface)	50%	40%	50%	You pay \$49 - \$118
Extraction (one tooth)	50%	40%	50%	You pay \$43 - \$206
Crown (porcelain)	50%	40%	25%	You pay \$209 - \$433
Root canal therapy (molar)	50%	40%	50%	You pay \$246 - \$402
Complete upper dentures	50%	40%	25%	You pay \$401 - \$484
Orthodontic treatment³				
Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$2,970
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$3,170
Annual Maximum	\$1000	\$1000	\$1000	N/A

¹ Benefit percentages under Delta Preferred plan are based on the allowable amount set by the plan for each service. Non-preferred dentists and specialists may charge more and bill you for the difference. ² You may select a different dentist for each covered family member. ³ Orthodontic treatment cost does not include treatment plans.