

Dental Plans – Delta Dental & Dencap Dental

	Delta Dental ¹ EPO	Delta Dental ² PPO	Dencap ^{1*} Smile Guard	Dencap ^{1*} Radiant
Monthly Employee Contributions				
Single	Covered by the County	\$12.99	Covered by the County	\$39.70
Two Person	Covered by the County	\$44.42	Covered by the County	\$68.25
Family	Covered by the County	93.90	Covered by the County	\$103.50
Amounts are What YOU Pay				
Annual Deductible	\$0	\$0	\$0	\$0
Diagnostic and Preventive Care (e.g., routine exams, cleanings, x-rays, fluoride treatment)	\$0	\$0	\$0	\$0
Basic Care (e.g., fillings, crowns, extractions)	Not covered	\$0	50%	\$0
Major Care (examples: root canals, bridges, dentures)	Not covered	15%	50%	15%
Annual benefit maximum (Preventive, basic care, and major care)	Not applicable	\$1,000	Not applicable	Not applicable
Orthodontic Care (children and adults) (e.g., braces)	Not covered	50%	Covered up to \$1,800 for dependents up to age 19; \$1,500 for employee and spouse	\$1,250 copay; no benefit maximum

¹You must use in-network dentists, except for limited emergency care

²You can see any dentist, but benefits are greater if you see in-network dentists.

*You must choose a primary care provider