

<b>2019-2020</b>		
<b>Delta Dental Insurance Benefit</b>	<b>Plan 1 - High</b>	<b>Plan 2 - Low</b>
	PPO Network / Premier or Out of Network	PPO Network / Premier or Out of Network
Preventive Services ( <i>% covered</i> )	100 / 100	100 / 80
Basic Services ( <i>% covered</i> )	100 / 80	80 / 60
Major Services ( <i>% covered</i> )	60 / 50	50 / 40
Calendar year deductible (\$)	0 / 75	75 / 75
Calendar year benefit maximum (\$)	5000 / 2000	5000 / 2000
Orthodontia ( <i>% covered</i> )	60 / 50	50 / 50
Lifetime orthodontia maximum (\$)	unlimited / 1500	unlimited / 1500
<b>Monthly Cost -- ACTIVE</b>		
Single	\$22.00	\$0.00
Family	\$156.00	\$64.00
<b>Monthly Cost -- Active <u>NO MEDICAL</u></b>		
Single	\$58.98	\$32.60
Family	\$198.98	\$106.06
<b>Monthly Cost -- Retiree</b>		
Single	\$55.00	\$31.00
Family	\$182.00	\$98.00
<b>Monthly Cost -- Spouse Continuee/COBRA</b>		
Single	\$60.16	\$33.25
Family	\$202.96	\$108.18

