

Monona County
Dental Benefit Coverages

PROVIDER: Delta Dental

GROUP #: IGHCP #33445 OPTION 2

DELTA DENTAL	PPO/IN-NETWORK	PREMIER/OUT	FREQUENCY
Annual Deductible (per person)			
Single/Employee+1/Family	\$25/\$50/\$75	\$50/\$100/\$150	
Annual Maximum Benefit	\$2,000	\$2,000	
Lifetime Orthodontic Maximum	Not Covered	Not Covered	
Preventative/Diagnostic Services	<i>Deductible Waived</i>	<i>Deductible Waived</i>	
Oral Exams/Cleaning	100%	100%	2x per year
Bitewing X-Rays	100%	100%	1x every 12 mo.
Full Mouth X-Rays	100%	100%	1x every 5 years
Fluoride Treatments/Sealants	100%	100%	1x per year up to 19
Sealants	100%	100%	1x per permanent
Space Maintainers	100%	100%	1st/2nd molar
Cavity Repair/Extractions (Basic Restorative)	<i>Deductible Applies</i>	<i>Deductible Applies</i>	
Emergency Treatment	70%	60%	
General Anesthesia/Sedation	70%	60%	
Restoration of Decayed/Fractured Teeth	70%	60%	
Limited Occlusal Adjustments	70%	60%	
Routine Oral Surgery	70%	60%	
Posterior Composites/Alternate Processing	70%	60%	
Endodontic Services	<i>Deductible Applies</i>	<i>Deductible Applies</i>	
Root Canals	60%	60%	
Periodontal Services (Gum/Bone Disease)	<i>Deductible Applies</i>	<i>Deductible Applies</i>	
Conservative (non-surgical) Procedures	60%	60%	1x every 24 mo.
Complex (surgical) Procedures	60%	60%	1x every 36 mo.
Periodontal Maintenance Therapy	60%	60%	2x per year
Major Restorative Services	<i>Deductible Applies</i>	<i>Deductible Applies</i>	
Crowns	60%	60%	1 every 5 yr.
Inlays/Onlays/Posts & Cores	60%	60%	1 every 5 yr.
Prosthetic Services	<i>Deductible Applies</i>	<i>Deductible Applies</i>	
Dentures/Bridges	60%	60%	1 every 5 yr.
Implants	<i>Not Covered</i>	<i>Not Covered</i>	

Monthly Premiums		
Single	\$36.30	\$36.30
Employee +1	\$71.08	\$71.08
Family	\$121.84	\$121.84