



ISAS GROUP BENEFITS TRUST

2022 Dental Plan Options

	Delta Dental COMPREHENSIVE			Delta Dental BASIC DPO			
	Delta PPO Network	Delta Premier Network	Non-Delta Network	Delta PPO Network	Delta Premier Network ¹	Non-Delta Network	
Deductible (Indiv / Fam)	\$100 / \$300			\$100 / \$300			
Annual Maximum (Indiv)	\$2,000			\$1,000			
Rollover Available	\$500 max			\$500 max			
D&P Max Waiver ?	Yes			Yes			
Waiting Periods	None			None			
Diagnostic & Preventive Services (D&P)	100%			100%			
Exams, cleanings, x-rays and sealants	√	√	√	√	√	No Benefits Available	
Basic Services	80%			80%			
Filing and simple tooth extractions	√	√	√	√	√		
Endodontics (root canals)	√	√	√	√	√		
Periodontics (gum treatment)	√	√	√	√	√		
Oral Surgery	√	√	√	√	√		
Major Services	50%			50%			
Inlays, Onlays and Cast restorations	√	√	√	√	√		
Prosthodontics (bridges, dentures)	√	√	√	√	√		
Prosthodontics (crowns)	√	√	√	√	√		
Orthodontics	50%			No Benefits Available			
Dependent children to age 19	√	√	√				
Adults	√	√	√				
Lifetime Maximum	\$2,000						
Assume \$1000 Oral Surgery Charge							
Reasonable & Customary Fee	\$900	\$900	\$900	\$900	\$900	n/a	
Network Provider Discount	-\$250	-\$120	\$0	-\$250	-\$120	n/a	
Member Pays	\$130	\$156	\$280	\$130	\$260	\$1,000	
Plan Pays	\$520	\$624	\$720	\$520	\$520 ¹	\$0	

¹ Benefits paid at Delta PPO negotiated rate only