



# ISAS GROUP BENEFITS TRUST

## 2018 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 <sup>1</sup>	Non-Delta Network	
<b>Deductible (Indiv / Fam)</b>	\$100 / \$300			\$100 / \$300			
<b>Annual Maximum (Indiv)</b>	\$2,000			\$1,000			
<b>D&amp;P Max Waiver ?</b>	Yes			Yes			
<b>Waiting Periods</b>	None			None			
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b>	100%			100%			
Exams, cleanings, x-rays and sealants	√	√	√	√	√	<b>No Benefits Available</b>	
<b>Basic Services</b>	80%			80%			
Filing and simple tooth extractions	√	√	√	√	√		
Endodontics (root canals)	√	√	√	√	√		
Periodontics (gum treatment)	√	√	√	√	√		
Oral Surgery	√	√	√	√	√		
<b>Major Services</b>	50%			50%			
Inlays, Onlays and Cast restorations	√	√	√	√	√		
Prosthodontics (bridges, dentures)	√	√	√	√	√		
Prosthodontics (crowns)	√	√	√	√	√		
<b>Orthodontics</b>	50%			<b>No Benefits Available</b>			
Dependent children to age 19	√	√	√				
Adults	√	√	√				
Lifetime Maximum	\$2,000						
<b>Assume \$1000 Oral Surgery Charge</b>							
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 <sup>1</sup>	\$0	

<sup>1</sup> Benefits paid at Delta PPO negotiated rate only