



Benefits Summary for Dental

Plan Year
07/01/08 - 06/30/09

Type of Service	Delta Dental			Cigna
	Preventative	Dental Care	Dental Care Plus	Dental DMO
Deductibles	No Deductible	\$25 per person, \$50 max per family per contract year	\$50 per person, \$100 per family, per contract year	No Deductible
Benefit Max	\$500 per person per contract year	\$2000 per person per contract year	\$2000 per person per contract year	No Max
Preventative - Oral exams, routine cleanings, x-rays, fluoride treatments	100%	100%	100%	See Patient Charge Schedule
Basic Benefits - Fillings, Sealants, Denture Repairs	Not Covered	80% After Deductible	80% After Deductible	See Patient Charge Schedule
Crowns & Cast Restorations	Not Covered	80% After Deductible	80% After Deductible	See Patient Charge Schedule
Endodontics (Root Canals)	Not Covered	80% After Deductible	80% After Deductible	See Patient Charge Schedule
Periodontics (Gum Treatment)	Not Covered	80% After Deductible	80% After Deductible	See Patient Charge Schedule
Oral Surgery - Incisions, Excisions, Surgical Removal of Tooth	Not Covered	80% After Deductible	80% After Deductible	See Patient Charge Schedule
Prosthodontic - Bridges, Full & Partial Dentures	Not Covered	50% After Deductible	50% After Deductible	See Patient Charge Schedule
Orthodontic - Adults and Dep Children	Not Covered	Not Covered	50% After Deductible; \$2000 lifetime max per person	See Patient Charge Schedule