



Delta Dental Benefit Highlights

Thomas Jefferson University - 2018-09 Plan Year

BENEFITS AND COVERED SERVICES	Basic Plan			Enhanced Plan		
	Limitation	In-Network Dentist	Out-Of-Network Dentist	Limitation	In-Network Dentist	Out-Of-Network Dentist
DIAGNOSTIC & PREVENTIVE BENEFITS		100%	100%		100%	100%
DEDUCTIBLE	No deductible			\$50 per person/calendar yr - does not apply to diagnostic & preventive		
Oral examinations Routine cleanings X-rays Fluoride treatment Space maintainers Sealants	Covered once in any six-month period. Covered once in any six-month period. Covered once in any six-month period. Limited to age 19. Limited to age 14. Limited to age 19.			Covered once in any six-month period. Covered once in any six-month period. Covered once in any six-month period. Limited to age 19. Limited to age 14. Limited to age 19.		
BASIC BENEFITS Fillings	Not covered.	0%	0%	Covered.	80%	80%
MAJOR BENEFITS Crowns Inlays and onlays Cast restorations	Not covered. Not covered. Not covered.	0%	0%	Not covered. Not covered. Not covered.	0%	0%
ENDODONTICS Root canals	Not covered.			Covered.	80%	80%
PERIODONTICS Gum treatment	Not covered.	0%	0%	Covered.	80%	80%
ORAL SURGERY Incisions Excisions Surgical removal of tooth	Not covered. Not covered. Not covered.	0%	0%	Covered. Covered. Covered.	80%	80%
PROSTHODONTICS Bridges Dentures	Not covered. Not covered.	0%	0%	Not covered. Not covered.	0%	0%

TOTAL ANNUAL PREMIUM	BASIC PLAN - ANNUAL RATES		ENHANCED PLAN - ANNUAL RATES	
	Student Only	\$185.18	Student Only	\$381.58
Student & Family	\$643.08	Student & Family	\$1,323.20	

NOTE:

Who's Eligible? Primary enrollee, spouse or domestic partner, and eligible dependent children to age 19 or age 23 if a full-time student are eligible under both plans.

Annual Maximum: Under both plans, the maximum benefit paid per calendar year is \$1,000 per person in and out of PPO network.

Both Plans - Fees are based on PPO fees for In-PPO Network dentists and the MPA (maximum plan allowance) for Out-Of-PPO Network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

Enhanced Plan ONLY - Limitations may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.