



DELTA DENTAL CARE
2009

DELTA DENTAL PLAN RATES

The following is a list of *monthly* rates for Delta Dental

Participants	2009 Rates
Single (Employee)	\$34.65
2 Persons	\$68.49
3+	\$105.71

DELTA DENTAL CARE PROGRAM			
\$1,000 PER PERSON CALENDAR YEAR MAXIMUM		\$1,250 LIFETIME MAXIMUM	
		\$50 PER PERSON CALENDAR YEAR DEDUCTIBLE (3 PER FAMILY)	
100% (OF UCR) PREVENTIVE SERVICES COVERED*	60% BASIC SERVICES COVERED	40% MAJOR SERVICES COVERED	50% CHILD(REN) ORTHODONTIC SERVICES COVERED
Emergency Treatment Oral Examinations X-Rays Teeth Cleaning Child(ren) Coverage For: Fluoride Treatments Topical Sealants Space Maintainers	Fillings-Amalgam Silicate & Acrylic Periodontal Services Root Canals Oral Surgery Anesthesia	Gold and Porcelain Fillings and Crowns Installation of Bridgework and Crowns	Active Orthodontic Appliances All Other Orthodontic Services
*EVERY SIX MONTHS	40% CO-PAYMENT	60% CO-PAYMENT	50% CO-PAYMENT

For more information on participating dentists, visit www.deltadental.com