

WBBA 2010 Dental Plan

WBBA 2010	Delta PPO Plan A Group # 352		Delta PPO Plan B Group # 776		Delta PPO Plan C Group # 777		Delta PPO Plan D Group # 778		Delta PPO Plan E Group # 353		Ortho Child Only	Ortho Family
Annual Deductible												
Per Person - (Waived on Class I benefits)	\$25		\$50		\$50		\$50		\$50			
Family Maximum - (Waived on Class I benefits)	\$75		\$150		\$150		\$150		\$150			
Annual Maximum (Per Calendar Year)	\$1,000		\$2,000		\$1,500		\$2,000		\$1,000		Lifetime Max \$1,000	Lifetime Max \$2,000
	Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Groups of 10 or more	
Benefit %												
Class I - Diagnostic & Preventive	In- Network	Out- Network	In- Network	Out- Network	In- Network	Out- Network	In- Network	Out- Network	In- Network	Out- Network	Benefit %	
Exams Prophys Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	100%	80%	90%	70%	50%	50%
Class II - Restorative	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %			
Restorations Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	80%	70%	80%	70%	70%	60%		
Class III - Major	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %			
Crowns Dentures Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%	40%	50%	40%		
Gross Rates												
Employee	\$54.59		\$59.19		\$50.17		\$52.87		\$42.73		0.00	\$3.03
Employee+Spouse	\$118.70		\$128.68		\$109.09		\$114.95		\$92.91		0.00	\$6.06
Employee+Child	\$97.30		\$105.48		\$89.42		\$94.22		\$76.14		\$13.70	\$33.58
Employee+Spouse+Child	\$161.41		\$174.96		\$148.35		\$156.30		\$126.32		\$13.70	\$36.61
Employee +Children	\$125.81		\$136.38		\$115.63		\$121.83		\$98.47		\$22.72	\$48.36
Employee+Spouse+Children	\$189.93		\$205.87		\$174.56		\$183.91		\$148.65		\$22.72	\$51.39

Last Updated: 11/20/08
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