

ASCIPI Delta Dental PPO Plan Offerings

	Plan A	Plan B	Plan C	Plan D
General Benefits				
Calendar Year Deductible	None	None	None	Individual: \$50; Family: \$150
Calendar Year Maximum Benefit				
Standard	\$1,500	\$1,500	\$1,500	\$1,500
Option 1	\$2,000	\$2,000	\$2,000	\$2,000
Option 2	\$2,500	\$2,500	\$2,500	\$2,500
Diagnostic and Preventive Benefits				
Oral exams, cleanings, x-rays	100%	100%	100%	In-network: 100% Out-of-network: 80%
Basic Benefits				
Fillings, root canals, periodontic (gum) treatment	100%	90%	80%	In-network: 90% Out-of-network: 70%
Crowns and Other Cast Restorations				
	100%	90%	80%	In-network: 70% Out-of-network: 50%
Prosthodontics				
Bridges (partial and full), dentures	In-network: 70% Out-of-network: 50%	In-network: 70% Out-of-network: 50%	In-network: 70% Out-of-network: 50%	In-network: 70% Out-of-network: 50%
Orthodontics				
Standard	Not covered	Not covered	Not covered	Not covered
Option 1	50%, \$1,000 lifetime maximum			
Option 2	50%, \$2,000 lifetime maximum			
Covered dental services are paid at various levels depending on the dentist providing services. In-network or PPO dentists have pre-negotiated rates with Delta and therefore the lowest member costs. Out-of-network benefits consist of two levels of reimbursement: Premier and non-contracted. Premier dentists are considered out-of-network, but have agreements with Delta to charge their accepted rate and therefore no balance billing. Dentists that do not have any type of contract signed with Delta will be reimbursed at usual, reasonable and customary rates which may result in balance billing and higher costs to the member. The Delta Dental PPO Plans also include enhancements such as a third cleaning for pregnant women and dental implants.				

See the back of the page for information on the DeltaCare® USA Plans

The chart above only provides highlights of the benefits offered by ASCIP and are subject to change to be in conformance with benefit provisions required under health care reform legislation (ACA). If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract.

ASCP DeltaCare® USA Plan Offerings

	10 A	11 A	12 A
All dental services must be received from DeltaCare® USA Contracted Dentists			
General Benefits			
Calendar Year Deductible	None	None	None
Calendar Year Maximum Benefit	N/A	N/A	N/A
Diagnostic and Preventive Benefits			
Oral exams, cleanings, x-rays	No cost for most services; some services require \$5 – \$45 copay	No cost for most services; some services require \$10 – \$45 copay	No cost for most services; some services require \$10 – \$45 copay
Basic Benefits			
Fillings, extractions	Services range from no cost to \$175 copay	Services range from no cost to \$220 copay	Services range from \$5 to \$285 copay
Crowns and Other Cast Restorations			
	Services range from \$35 to \$195 copay	Services range from \$50 to \$240 copay	Services range from \$85 to \$295 copay
Prosthodontics			
Bridges (partial and full), dentures	Services range from no cost to \$195 copay	Services range from no cost to \$240 copay	Services range from \$10 to \$295 copay
Orthodontics			
Braces, retainers	Services range from \$25 to \$1,900 copay	Services range from \$25 to \$1,900 copay	Services range from \$25 to \$1,900 copay

See the front of the page for information on the Delta PPO Plans

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