

# Delta Dental Renewal - Honey Creek Community School

Renewal Period: 10/01/2016 - 09/30/2017  
Group Number: 2759-0001

**Current Plan**

Dental Network:  
Deductible:  
Annual Maximum:  
Out of Pocket Maximum:

**Coverage for all 19+  
with Pediatric dental plan**

Delta Preferred & Premier  
\$50 / \$150 (waived for preventive services)  
\$1,000  
N/A

**Pediatric Dental Plan**

**High Pediatric**

<u>In Network</u>	<u>Out of Network</u>
None	None
None	None
\$350/700	N/A

Preventive Services  
Radiographs  
Oral Surgery  
Minor Restorative Services  
Periodontic Services  
Endodontic Services  
Major Restorative Services  
Prosthodontic Services  
Orthodontia Services

<u>Delta Preferred</u>	<u>Delta Premier or Out of Network<sup>1</sup></u>
100%	100%
100%	100%
50%	50%
80%	80%
80%	80%
80%	80%
50%	50%
50%	50%
not covered	not covered

<u>Benefit Percentage</u>	<u>Benefit Percentage</u>
	(Under age 19)
100%	100%
100%	100%
80%	80%
80%	80%
80%	80%
80%	80%
50%	60%
50%	50%
50%	50%
not covered	not covered

<u>Current Rates</u>	<u>Renewal Rates</u>	<u>% Difference</u>
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<u>Dental Rate</u>	<u>Contracts</u>	<u>Current Rates</u>	<u>Renewal Rates</u>	<u>% Difference</u>
Single	5	\$39,58	\$39,58	0.00%
Two Person	4	\$77,74	\$78,17	0.55%
Family	4	\$139,91	\$144,29	3.13%
<u>Monthly Premium</u>		\$1,068.50	\$1,087.74	
<u>Annual Premium</u>		\$12,822.00	\$13,052.88	
<u>Difference</u>			\$230.88	1.80%

A.M. Best Rating: A- (Excellent)  
<sup>1</sup> Employee is responsible for any balance billing for out-of-network claims.  
<sup>2</sup> Rates DO NOT include Michigan claim taxes.

