

Delta Dental Renewal - Honey Creek Community School

Renewal Period: 10/01/2018 - 09/30/2019
Group Number: 2759-0001

Current Plan

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

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

Coverage for all 19+ with Pediatric dental plan

Pediatric Dental Plan	
In Network	Out of Network
None	None
None	None
\$350/700	N/A

	Benefit Percentage	
	Delta Preferred	Delta Premier or Out of Network ¹
Preventive Services	100%	100%
Radiographs	100%	100%
Oral Surgery	50%	50%
Minor Restorative Services	80%	80%
Periodontic Services	80%	80%
Endodontic Services	80%	80%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Orthodontia Services	not covered	not covered

	Benefit Percentage	
	In Network	Out of Network
Preventive Services	100%	100%
Radiographs	100%	100%
Oral Surgery	80%	60%
Minor Restorative Services	80%	60%
Periodontic Services	80%	60%
Endodontic Services	80%	60%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Orthodontia Services	not covered	not covered

Renewal Rates

	Current Rates	Renewal Rates	% Difference
Dental Rate			
Single	\$39.57	\$40.52	2.40%
Two Person	\$77.98	\$75.74	-2.87%
Family	\$142.27	\$139.22	-2.14%
Monthly Premium	\$1,466.09	\$1,439.58	
Annual Premium	\$17,593.08	\$17,274.96	
Difference		-\$318.12	-1.81%

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