DELTA DENTAL EMPLOYEE RATES

Benefits	Coverage
D & P Benefits	100%
Sealants	90%
Basic Benefits	90%
Endodontics	60%
Crowns & Cast Restoration	
Prosthodontics	60%
Periodontics	60%
Complex Oral Surgery	60%
Implants	60%
Orthodontics	50%
Annual Maximum	\$1,000.00
Orthodontics Lifetime	
Maximum	\$1,000.00
Deductible	\$50.00
Maximum Deductible	\$150.00
Per Family	

Rates	Single
Total Premium – Per Month	\$30.24
Total Premium – Per Month	Family
	\$77.20