

Dental Benefits Summary

2024

	DELTA DENTAL			
	STANDARD		ENHANCED	
COVERAGE LEVEL	EMPLOYEE CONTRIBUTIONS PER SEMI MONTHLY PAY PERIOD			
Employee Only	\$7.50		\$12.00	
Employee + Spouse/Domestic Partner	\$14.00		\$23.00	
Employee + Child(ren)	\$15.00		\$26.50	
Family	\$21.00		\$37.00	
	Network	Out of Network	Network	Out of Network
Annual Deductible - Single - Family	\$50 per person/\$150 per family; combined network and out of network			
Calendar Year Maximum	\$1,000 per member		\$2,000 per member	
Orthodontia Lifetime Maximum	Not Covered		\$2,000 per member	
SERVICES	Network	Out of Network	Network	Out of Network
Preventative & Diagnostic	100%	100% of R&C*	100%	100% of R&C*
# Annual Preventative Visits	2		3	
Basic Restorative	80%	80% of R&C*	100%	80% of R&C*
Major Restorative	50%	50% of R&C*	60%	50% of R&C*
Orthodontia	Not Covered		50%	50% of R&C*

*Benefits for network services reflect the negotiated fees agreed to by network providers. Benefits for out of network services are subject to reasonable and customary limits.

DISCLAIMER: This dental plan summary briefly describes the medical benefits offered under the Dentsu BenefitsPLUS Program. If there is a conflict between this information and medical plan's legal documents, the legal plan documents will govern. Dentsu reserves the right to change, modify, or terminate these benefits without notice.

