

Dental Plan Highlights



Services	Basic Plan	Premium Plan
Plan Deductible Per Plan Year (Begins July 1 and Ends June 30)	\$50 Individual; \$150 Family	
Plan Maximum Per Insured Participant Per Plan Year (Preventive Services Not Included)	\$1,000	\$2,000
Preventive Care (Immediately upon Effective Date)		
<ul style="list-style-type: none"> ◆ Oral examinations two times per plan year ◆ Application of fluoride for children to age 19 years of age, up to two (2) per plan year ◆ Dental X-rays: <ul style="list-style-type: none"> A. FMX/Panoramic – 1 per 3 plan years B. Bite-wings X-rays – 2 per plan year ◆ Space maintainers for children to age 12 ◆ Sealants for children to age 14 ◆ Brush Biopsy – to detect oral cancer 	100% No Deductible	100% No Deductible
Basic Care (Immediately upon Effective Date)		
<ul style="list-style-type: none"> ◆ Extractions (non-orthodontic) ◆ Restorative fillings ◆ General and local anesthetic when administered with oral surgery ◆ Treatment of periodontal and other diseases of the gums and tissues ◆ Endodontic treatment, including root canal, if tooth is “opened” while insured ◆ Injection of antibiotic drugs ◆ Recementing of crowns, inlays and bridgework ◆ Relining of dentures once every two years ◆ Emergency (palliative) treatment of dental pain-minor procedures ◆ Bleaching ◆ Occlusal Guard – Once per lifetime (Premium Plan Only) 	80% After Deductible	80% After Deductible
Major Restorative Care (One Year Waiting Period from Effective Date)		
<ul style="list-style-type: none"> ◆ Inlays, onlays, and crown restorations ◆ Initial installation of fixed bridgework ◆ Installation of full or partial dentures ◆ Implants & implant crowns (Premium Plan Only) 	50% After Deductible	50% After Deductible
Orthodontic Care (One Year Waiting Period from Effective Date)		
<ul style="list-style-type: none"> ◆ Orthodontic extractions ◆ Services or supplies for orthodontic treatment, including necessary orthodontic appliances ◆ Dental Benefits for orthodontic treatment and appliances apply to dependent children up to age 19. 	No Benefit	50% Lifetime Maximum \$1,000
Delta Dental – New Dental Vendor as of July 1, 2018		
<ul style="list-style-type: none"> ◆ Website – www.deltadentalinc.com ◆ Network Providers (PPO and Premier) - www.deltadental.com/us/en/find-a-dentist.html (Can use in-network or out-of-network providers. Members could be balance billed if using out-of-network providers.) ◆ Mobile App – Delta Dental mobile app available for Apple iOS and Android users. ◆ Online Member Portal – www.consumertoolkit.com 		

Dental Insurance Premium Rates						
Plan Category	Basic Plan		Premium Plan		COBRA Premiums	
	Full-Time (Premium/PP)	Part-Time (Premium/PP)	Full-Time (Premium/PP)	Part-Time (Premium/PP)	Basic Plan (Monthly)	Premium Plan (Monthly)
◆ Employee Only	◆ \$6.18	◆ \$12.35	◆ \$12.36	◆ \$14.38	◆ \$27.30	◆ \$31.79
◆ Employee + Child	◆ \$11.33	◆ \$25.93	◆ \$22.66	◆ \$30.20	◆ \$57.32	◆ \$66.75
◆ Employee + Children	◆ \$17.51	◆ \$34.99	◆ \$35.02	◆ \$40.75	◆ \$77.35	◆ \$90.08
◆ Employee + Spouse/DP	◆ \$15.45	◆ \$39.11	◆ \$30.90	◆ \$45.54	◆ \$86.45	◆ \$100.66
◆ Family	◆ \$25.75	◆ \$45.29	◆ \$46.35	◆ \$52.74	◆ \$100.09	◆ \$116.56

Form Revision Date: July 1, 2018

All benefits summarized above are subject to the terms and conditions of the applicable employee benefit plans and programs. Nothing summarized above shall obligate CVHS to either establish or maintain any such benefits and retains full discretion to amend or terminate any benefit plan or program at any time to the fullest extent permitted by law.