



Dental and Vision for Everyone

Dental and **Vision** Coverage in One Program*

*For Benefits Association, Inc. members including
Individuals, Small Employers**, and Senior Citizens*

Dental Underwritten by:
Delta Dental Insurance Company



Vision Administered by:



Marketed by:



*Dental Insurance Policy benefits and Vision Coverage are provided through different carriers. These companies are financially responsible for their own products. Dental plan is only available in 16 states.

**Available to small employers with fewer than 5 employees.

Dental for Everyone GOLD PLANS

Two plans to choose from: Delta Dental Premier® (Premier) or Delta Dental PPOSM (PPO)

- Benefits up to \$1,000 per calendar year
- Benefits increase after the first and second years
- Keep your dental plan regardless of age
- 12 month waiting period for major
- 6 month waiting period basic
- Freedom to choose any dentist

Your Deductible	Plan Pays 1st Year	Plan Pays 2nd Year	Plan Pays 3rd Year	Procedures Covered
\$50 per enrollee per calendar year	60%	80%	100%	Diagnostic and Preventive Procedures <u>Diagnostic</u> : Routine periodic examinations once in a 6 month period. <u>Preventive</u> : Dental prophylaxis (teeth cleaning) once in a 6 month period. <u>Radiography</u> : Bitewing and full mouth x-rays.
	50%	65%	80%	Basic Procedures (6 month waiting period) <u>Restorative</u> : Amalgam fillings. <u>Other</u> : Space maintainers, recementation of crowns.
	0%	30%	50%	Major Procedures (12 month waiting period) <u>Endodontics</u> : Pulpal therapy and root canals. <u>Periodontics</u> : Treatment of diseases of the gums. <u>Oral Surgery</u> : Extractions and other oral surgery, including pre and post operative care. <u>Prosthetics</u> : Gold restorations, crowns, bridges, partials and complete dentures. <u>Other</u> : Pontics, repair of crowns and bridges, repair of full and partial dentures.

Dental for Everyone PLATINUM PLANS

Two plans to choose from: Delta Dental Premier® (Premier) or Delta Dental PPOSM (PPO)

- Benefits up to \$1,500 per calendar year (including ortho benefits)
- Benefits increase after the first and second years
- Ortho benefits for dependent children included at no extra charge
- Keep your dental plan regardless of age
- \$100 lifetime deductible on ortho
- Freedom to choose any dentist
- 6 month waiting period basic
- 12 month waiting period for major and ortho

Your Deductible	Plan Pays 1st Year	Plan Pays 2nd Year	Plan Pays 3rd Year	Procedures Covered
\$50 per enrollee per calendar year	80%	90%	100%	Diagnostic and Preventive Procedures <u>Diagnostic</u> : Routine periodic examinations once in a 6 month period. <u>Preventive</u> : Dental prophylaxis (teeth cleaning) once in a 6 month period. <u>Radiography</u> : Bitewing and full mouth x-rays.
	60%	70%	80%	Basic Procedures (6 month waiting period) <u>Restorative</u> : Amalgam fillings. <u>Other</u> : Space maintainers, recementation of crowns.
	0%	40%	50%	Major Procedures (12 month waiting period) <u>Endodontics</u> : Pulpal therapy and root canals. <u>Periodontics</u> : Treatment of diseases of the gums. <u>Oral Surgery</u> : Extractions and other oral surgery, including pre and post operative care. <u>Prosthetics</u> : Gold restorations, crowns, bridges, partials and complete dentures. <u>Other</u> : Pontics, repair of crowns and bridges, repair of full and partial dentures.
\$100 lifetime per dependent	0%	40%	50%	Orthodontia Procedures (12 month waiting period) (\$350 calendar year maximum per enrollee) (\$1000 lifetime maximum per enrollee for this benefit) Orthodontic benefits are only available for eligible dependent children.

Dental for Everyone **DIAMOND PLANS**

Two plans to choose from: Delta Dental Premier® (Premier) or Delta Dental PPOSM (PPO)

- Benefits up to \$2,000 per calendar year (including ortho benefits)
- Benefits increase after the first and second years
- Ortho benefits for dependent children included at no extra charge
- Keep your dental plan regardless of age
- \$150 lifetime deductible on ortho
- Freedom to choose any dentist
- 6 month waiting period basic
- 12 month waiting period for major and ortho

Your Deductible	Plan Pays 1st Year	Plan Pays 2nd Year	Plan Pays 3rd Year	Procedures Covered
\$25 copay per person per visit	80%	90%	100%	Diagnostic and Preventive Procedures <u>Diagnostic:</u> Routine periodic examinations once in a 6 month period. <u>Preventive:</u> Dental prophylaxis (teeth cleaning) once in a 6 month period. <u>Radiography:</u> Bitewing and full mouth x-rays.
	60%	70%	80%	Basic Procedures (6 month waiting period) <u>Restorative:</u> Amalgam fillings. <u>Other:</u> Space maintainers, recementation of crowns.
	0%	40%	50%	Major Procedures (12 month waiting period) <u>Endodontics:</u> Pulpal therapy and root canals. <u>Periodontics:</u> Treatment of diseases of the gums. <u>Oral Surgery:</u> Extractions and other oral surgery, including pre and post operative care. <u>Prosthetics:</u> Gold restorations, crowns, bridges, partials and complete dentures. <u>Other:</u> Pontics, repair of crowns and bridges, repair of full and partial dentures.
\$150 lifetime per dependent	0%	40%	50%	Orthodontia Procedures (12 month waiting period) (\$450 calendar year maximum per enrollee) (\$1,500 lifetime maximum per enrollee for this benefit) Orthodontic benefits are only available for eligible dependent children.

® is a Registered Mark of Delta Dental Plans Association and SM is a Service Mark of Delta Dental Plans Association.

Benefits Association

As a member of Benefits Association you receive the following Benefits and Services:

Prescription Drug Assistance • Online Storage
 Auto Rental Discounts • Discounted Hotel Rates • Office Supplies
 Legal Documents • Apparel and Hunting Accessories

