

Delta Dental of Connecticut, Inc.
Proposed Fully Insured Program and Monthly Rates

Plan 11	Delta Dental PPO	
	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Non-Delta Dental PPO™ Dentist is Used
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Full Mouth X-Rays; Space Maintainers	100%	80%
Basic Fillings; Cone Beam Radiographs; Sealants; Space Maintainers; Periodontics; Simple Extractions; Oral Surgery; Root Canals (Endodontics)	80%	80%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures	50%	50%
Annual Maximum (per person)	\$1,000	\$500
Annual Deductible		
Per Person	\$50	\$100
Family Maximum	\$150	\$300
Waived for	Preventive & Diagnostic	None

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

Proposed rates are valid through 12/31/2025

	Monthly Rates
Employee	\$36.69
Employee & Spouse	\$76.22
Employee & Child(ren)	\$70.61
Family	\$116.68

Underwriting Policies and Requirements are on the next page.

UNDERWRITING POLICIES AND REQUIREMENTS

- Dependent children are covered to age 27.
- With the Delta Dental PPO program, members utilizing Delta Dental PPO dentists will enjoy discounted dental fees (discount may vary) in addition to protection from balance billing for charges above the dentist's maximum allowable charges. Members utilizing non-participating dentists may be subject to balance billing.
- Claims for non-Delta Dental PPO dentists will be reimbursed up to the discounted Delta Dental PPO fee schedule.
- Proposed rates are valid through 12/31/2025