

Delta Dental Plan Highlights at a Glance

Select the plan that best meets your and/or family needs. You have two (2) plans to choose from for dental coverage. The following gives you a summary description of each plan benefit; plus there is a Benefit Highlights for each plan included in your packet. If you have any questions after reviewing all the materials, please call Delta Dental at (800) 955-2030.

Asbury University

	Delta Premier Plan (Traditional Plan)	Delta Preferred Option (PPO Plan)
Deductible	\$50 Individual \$150 Family	\$25 Individual \$75 Family In Network \$50 Individual Out Network
Preventive Services	(Not subject to Deductible)	(Not subject to Deductible)
Oral Exams	100%	100% 80%
X-Rays	100%	100% 80%
Teeth Cleaning	100%	100% 80%
Fluoride Treatments	100%	100% 80%
Basic Services	(Subject to Deductible)	(Subject to Deductible)
Fillings/Extractions	50%	50% 40%
Root Canals	50%	50% 40%
Periodontic Services	50%	50% 40%
Oral Surgery	50%	50% 40%
Major Services	(Subject to Deductible)	(Subject to Deductible)
Bridges*	50%	50% 40%
Dentures*	50%	50% 40%
Implants*	50%	50% 40%
Crowns*	50%	50% 40%
Annual Maximum	\$1,250	\$1,250
Dependents	Dependents covered to age 24	Dependents covered to age 24
Waiting Period	*12 Month Wait for Certain Services	*12 Month Wait for Certain Services
Network	Any Dentist in the Delta Dental Premier Network	Any Dentist in the Delta Dental PPO Network for In-Network benefits
Per Months Rates		
Employee	\$35.34	\$28.83
Employee + One	\$66.41	\$53.45
Employee + Family	\$108.87	\$87.31

1/1/2024