

# DENTAL COVERAGE

THAT'LL MAKE YOU SMILE

The Indiana Packers Benefits Plan offers two dental care options. No matter which plan you choose, you'll have access to the Delta Dental of Indiana PPO network of dentists, along with nationwide access to participating dentists in the Delta Dental PPO and Delta Dental Premier networks.

Both plans provide coverage for routine cleanings and exams for covered members once every six months. Additionally, they cover basic and more extensive restorative services.

Plan A Contributions			Plan B Contributions		
Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)	Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)
Employee	\$3.40	\$14.75	Employee	\$1.92	\$8.31
Employee + Spouse	\$6.80	\$29.46	Employee + Spouse	\$3.84	\$16.65
Employee + Child	\$7.82	\$33.88	Employee + Child	\$4.42	\$19.14
Family	\$10.61	\$45.99	Family	\$6.60	\$28.59

### Benefits of Using Participating Dental Providers

**Nationwide Provider Access**

Delta Dental of Indiana PPO  
Delta Dental PPC  
Delta Dental Premier

**Stretching Your Benefit Dollars**

Participating providers submit claims for you

No balance billing from participating dentists

Discounted charges for many services

**Stand-Alone Benefit**

Dental enrollment is NOT tied to medical plan enrollment

Cover your eligible dependent(s) even if not enrolled in the medical plan

<b>Benefits</b>				
	<b>Plan A - Premier</b>		<b>Plan B - Value</b>	
<b>Benefit and Services</b>	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist
<b>Maximum Annual Benefits - per covered participant</b>	\$2,000	\$2,000	\$1,250	\$1,250
<b>Applicable Annual Deductible</b>	\$50 Individual/\$100 Family	\$50 Individual/\$100 Family	\$50 Individual/\$100 Family	\$50 Individual/\$100 Family
<b>Preventative Services</b>	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits
<b>Basic Restorative Services</b>	80%, after applicable deductible	70%, after applicable deductible	80%, after applicable deductible	70%, after applicable deductible
<b>Major Restorative Services</b>	50%, after applicable deductible	40%, after applicable deductible	50%, after applicable deductible	40%, after applicable deductible
<b>Orthodontic Services</b>	50%, after applicable deductible	40%, after applicable deductible	Not Available	Not Available
<b>Maximum Orthodontic Benefit (up to age 19)</b>	\$2,500 *Lifetime	\$2,500 *Lifetime	Not Available	Not Available

<b>Non-Participating (Not in PPO or Premier) Dental Providers Adjustments</b>	
<b>Diagnostic &amp; Preventative</b>	
Diagnostic & Preventative Services (exams, cleanings, fluoride & space maintainers)	90%
Sealants	90%
Brush Biopsy	90%
Radiographs (x-rays)	90%
<b>Basic Services</b>	
Emergency Palliative Treatment	60%
Minor Restorative Services (fillings)	60%
Endodontic Services (root canals)	60%
Periodontic Services	60%
Oral Surgery Services (extractions and dental surgery)	60%
Other Basic Services	60%
Relines and Repairs (to bridges, implants, and dentures)	60%
<b>Major Services</b>	
Crown Repair (to individual crowns)	30%
Major Restorative Services (crowns)	30%
Prosthodontic Services (bridges, implants, and dentures)	30%
<b>Orthodontic Services</b>	
Braces	30%