

What is Covered

	Uniform Dental & Preventive Plan	Select Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO providers	Delta Dental PPO & Premier providers
Annual deductible	None	\$100 / person	\$25 / person
Annual benefit max	\$1,000 / person	\$1,000 / person	\$2,500 / person
Waiting period	None	None	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics coverage	50% (Under age 19)	No coverage	50% (Any age)
Orthodontics lifetime maximum	\$1,500	No coverage	\$1,500

Monthly Cost (Premium)

The Uniform Dental premium is added to your health insurance premium. Preventive Plan, Select Plan, and Select Plus Plan are separate deductions.

For Employees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Individual	\$32.08*	\$36.10	\$9.08	\$21.60
Individual + Spouse	---	---	\$18.16	\$43.22
Individual + Child(ren)	---	---	\$12.24	\$40.12
Family	\$80.20*	\$90.28	\$21.76	\$66.20

*Added to your health insurance premium and may be partially paid by your employer

For Retirees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Retiree	\$32.08	\$36.10	\$15.08	\$32.06
Retiree + Spouse	---	---	\$30.66	\$64.10
Retiree + Child(ren)	---	---	\$20.70	\$59.30
Family	\$80.20*	\$90.28	\$36.80	\$97.78

*Medicare Some or Medicare All recipients pay a family rate of \$64.16



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