Employee Enrollment Worksheet - Voluntary Dental

EMPLOYERS OUTSOURCING
Quote #: **000471601.003**
Employer Zip Code: 93650

EMPLOYEE
Residence Zip Code: **93650**
Effective Date: **3/1/2023**

All DHMO Dental benefits are covered In-Network only.

DeltaCare® USA	HMO Bronze	HMO Silver	HMO Gold
Exams and Diagnostics			
Annual Maximum	None	None	None
Annual Deductible	None	None	None
Initial Oral Exam	100%	100%	100%
Periodic Oral Exam	100%	100%	100%
Teeth Cleaning	100%	100%	100%
Bite Wing X-Ray	100%	100%	100%
Restorative			
Cavities-Amalgam, 1 Surface	100%	$5	100%
Cavities-Amalgam, 2 Surfaces	100%	$10	100%
Crowns			
Porcelain-Base Metal (posterior)	$410	$195	$140
Full Cast Noble Metal	$465	$200	$150
Periodontics			
Gingivectomy-Per Tooth	$50	$80	$80
Periodontal Scaling and Root Planing (quadrant)	$40	$30	$20
Endodontics			
Single Root Canal	$110	$85	$55
Bi-Root Canal	$195	$150	$120
Molar Root Canal	$245	$280	$250
Waiting Periods	None	None	None
Oral Surgery			
Removal of Uncomplicated Single Tooth	$45	$5	100%
Removal of Impacted Tooth - Partially Bony	$65	$75	$70
Removal of Impacted Tooth - Completely Bony	$80	$95	$90
Orthodontics			
Children (maximum age 18)	$2,100	$1,700	$1,700
Adult	$2,250	$1,900	$1,900
Prosthodontics			
Complete Upper or Lower Denture	$510	$215	$145
Partial Upper or Lower Denture	$535	$180	$120

Note: Copays listed are for services performed by general dentists.
Please consult the EOC for specialist copays.

MetLife	PPO Silver
In-Network	
Annual Maximum	$1,250
Annual Deductible	$50
Preventive Care	Ded. Waived
Preventive	100%①
Basic	80%
Major	50%
Endo & Periodontics	50%
Restorative	See EOC
Waiting Period Basic	None
Waiting Period Major	None
Orthodontia Adult	Not Available
Orthodontia Children (maximum age 18)	50%②
Waiting Period Ortho	None
Out-of-Network	
Annual Maximum	$750
Annual Deductible	$75
Preventive Care	Ded. Applies
Preventive	90%①
Basic	60%
Major	40%
Endo & Periodontics	40%
Restorative	See EOC
Waiting Period Basic	None
Waiting Period Major	None
Orthodontia Adult	Not Available
Orthodontia Children (maximum age 18)	50%②
Waiting Period Ortho	None
Dental Rewards	
Carry Over Amount	Not Available
PPO Bonus	Not Available
Benefit Threshold	Not Available
Maximum Carry Over Amount	Not Available

① Benefits paid for Preventive services will not count toward the annual maximum benefit. Only benefits paid for Basic and Major services are applied to the annual benefit maximum. Refer to MetLife plan documents for specific details.

② Coinsurance with a lifetime maximum of $1,000.

The optional benefits listed below are being offered to you on a voluntary basis. Your employer is not required to make any premium contribution. If you choose to enroll, the premiums displayed will be your actual cost.

Carrier - Plan	Plan Type	These are your costs per pay period based on (12) paychecks per year			
		Employee Only	Additional Cost for Spouse	Additional Cost for Child(ren)	Additional Cost for Family
DeltaCare® USA					
Bronze	HMO	$ 14.11	$ 10.14	$ 10.30	$ 20.64
Silver	HMO	$ 21.72	$ 15.59	$ 15.84	$ 31.74
Gold	HMO	$ 24.46	$ 17.60	$ 17.90	$ 36.58
MetLife		Employee Only	Additional Cost for Spouse	Additional Cost for Child(ren)	Additional Cost for Family
Silver	PPO	$ 36.44	$ 37.76	$ 50.76	$ 98.13

We assume no liability for rate or benefit discrepancies. Co-insurances listed are the Plan Responsibility and co-payments listed are Member responsibility.