

# 2021 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

## Menonite Village

Group ID: 10001924

Premier Low Option	
<b>Calendar year costs</b>	
Calendar year maximum, per member	\$1,000
Calendar year deductible, per member	\$50
Calendar year maximum deductible, per family	\$150
<b>Preventative*</b>	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
<b>Basic 2</b>	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%

\* Deductible waived for preventive services.

**This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.**

### How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

### When the member visits:

#### Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

#### Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.