

HTA BENEFIT TRUST DENTAL PLAN

Delta Dental - Summary of Benefits

(Effective January 1, 2018)

TYPE OF SERVICE	DELTA PREFERRED	DELTA PREMIER/ Non-Participating
Preventative Diagnostic (cleaning and X-rays, fluoride treatments to age 19)	100% of Maximum Allowance	100% of Scheduled Allowance
Basic Services (fillings)	100% of Maximum Allowance	50% of Scheduled Allowance
Oral Surgery (extractions) Endodontics (root canal therapy) Periodontics (treatment of gum disorders) Major Restorative (crowns) Prosthodontics (dentures, bridgework)	50% of Maximum Allowance	50% of Scheduled Allowance
Orthodontia (to age 19) *\$2,000 individual lifetime maximum (paid in 2 payments – 1 per year)	50% of Maximum Allowance	50% of Scheduled Allowance
Implants \$1,500 annual	50% of Maximum Allowance	50% of Scheduled Allowance

NOTES:

- Plan year: January 1st through December 31st
- Deductible: NONE
- All services are subject to yearly maximum benefit of \$1,300 per person
- Children up to age twenty-six(26) are covered. {Coverage ends the day of the 26th birthday}.
- Additional Periodontal Prophylaxis benefit at 100% - 0%
- Provider directory is online at www.MidAtlanticDeltaDental.com

PREMIUMS:

UNION, FULL TIME TEACHERS/AIDES/SECRETARIES: Single \$21.00/paycheck (22 pays) {\$462/year}
Family \$35.00/paycheck (22 pays) {\$770/year}

Administered by Delta Dental of New York, One Delta Drive, Mechanicsburg, PA 17055

Phone: (717) 766-8500 or (800) 932-0783

Group # 2434

There are no cards for this plan. All that is needed is a claim form and our group number (above).