

Local 1395 Dental Insurance

Delta Dental

www.deltadentalil.com

Single	\$ 37.38 monthly bank draft + TPA fee (\$3.00)
Employee + 1	\$74.77 monthly bank draft + TPA fee (\$3.00)
Family	\$ 124.62 monthly bank draft + TPA fee (\$3.00)

--Delta PPO Dentist:

Deductible per year \$25 each/\$75 per family - NO Claim Form

Preventative/Diagnostic -100% discounted fees (oral exam, ex-rays)

Basic -80% discounted fees (extractions, oral surgery)

Major - 50% discounted fees (crowns, bridges, dentures) 12 month waiting period

Orthodontia 50% of discounted fees up to \$1000 limit (dependent children under 19)

--Delta Premier Dentist:

Deductible \$25 each/\$75 per family -No Claim Form

Preventative/Diagnostic -100% Delta Usual & Customary Fees (oral exam, ex-rays)

Basic -80% Delta Usual and Customary Fees (extractions, oral surgery)

Major - 50% Delta Usual & Customary Fees (crowns, bridges, dentures) 12 month waiting period

Orthodontia 50% of Delta U & C fees up to \$1000 limit (dependent children under 19)

--Out-of-Network Dentist:

Deductible - \$50 each/\$150 per family - Claim Forms

Preventative/Diagnostic -80% Usual & Customary Fees (oral exam, ex-rays)

Basic -60% Usual and Customary Fees (extractions, oral surgery)

Major - 50% Usual and Customary Fees (crowns, bridges, dentures) 12 month waiting period

Orthodontia 50% of U & C fees up to \$1000 limit (dependent children under 19)

Dentist may bill for balance that exceed the U & C Fees of the area

Enrollment Guidelines:

- ✓ AFGE Members only
- ✓ Monthly Allotments Only
- ✓ Bargaining Unit Employees
- ✓ Non-Bargaining Unit Employees

Rates effective

11/01/2024

CONTACT:

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