

Dental Insurance 2020/2021 Plan Year

Nash Rocky Mount Public Schools

Delta Dental PPO SM (Point-of-Service) Coverage effective April 1, 2020	Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Non- participating Dentist	
	Plan Pays	Plan Pays	Plan Pays*	
Diagnostic & Preventive				
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%	
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%	
Brush Biopsy - to detect oral cancer	100%	100%	100%	
Radiographs - X-rays	100%	100%	100%	
В	asic Services			
Sealants - to prevent decay of permanent teeth	80%	80%	80%	
Minor Restorative Services - fillings and crown repair	80%	80%	80%	
Oral Surgery Services - extractions and dental surgery	80%	80%	80%	
Other Basic Services - misc. services	80%	80%	80%	
Relines and Repairs - to bridges, dentures, and implants	80%	80%	80%	
M	ajor Services			
Endodontic Services - root canals	50%	50%	50%	
Periodontic Services - to treat gum disease	50%	50%	50%	
Major Restorative Services – crowns	50%	50%	50%	
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%	
Ortho	odontic Services			
Orthodontic Services - braces	50%	50%	50%	
Orthodontic Age Limit -	No Age Limit			

RATES		
	10 pay Employees	12 pay Employees
Employee only	\$44.46	\$37.05
Employee and spouse	\$90.37	\$75.31
Employee and child(ren)	\$106.81	\$89.01
Employee, spouse and child(ren)	\$147.25	\$122.71

» Maximum Payment

\$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. Diagnostic & preventive services are excluded from the annual maximum. \$1,000 per person total per lifetime on Orthodontics.

» Deductible

\$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, and orthodontic services.

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