

## DELTA DENTAL PLANS:

### **Placer County Bar Association Voluntary Dental Plans administered by Capitol Association Plans**

Thank you for your interest in a “Voluntary” Dental Plan. No employer contribution is required for a voluntary plan. This document contains the necessary enrollment documents to get you started. Should you have any questions, please contact our office by phone at (916) 944-1707, email us at [caps@capsplans.com](mailto:caps@capsplans.com) or browse our website at [www.capsplans.com](http://www.capsplans.com).

Voluntary programs allow individual members and their employees (part-time and full-time) a choice to participate in dental benefits on a voluntary basis. ***These programs provide no waiting periods to receive benefits.*** There are two coverage options in the voluntary program, DeltaPremier and DeltaCare.

Dental benefits are provided by Delta Dental, California’s largest dental benefits carrier. To find a Delta Dental dentist near you, please visit [www.deltadentalins.com](http://www.deltadentalins.com). See summary of plan benefits listed below:

<b>Dental Coverage</b>	<b>DeltaPremier</b>	<b>DeltaCare</b>
Provider Network	22,000+	1500+ Offices
Deductible	\$50 Individual \$150 Family	None
Complete series x-ray including bitewings	Plan Pays \$45	Plan Pays 100%
Cleaning – adult or child	Plan Pays \$36	Plan Pays 100%
Silver Filling – One Surface	Plan Pays \$35	Member Pays \$2
Single Tooth Extraction	Plan Pays \$39	Member Pays \$5
Root Canal Therapy, Front Tooth	Plan Pays \$193	Member Pays \$50
Crown – porcelain (with non-precious metal)	Plan Pays \$163	Member Pays \$100
Complete denture, upper	Plan Pays \$240	Member Pays \$125
Orthodontic	Not Covered	Requires Co-Payment \$1,600 for Child + \$350 \$1,800 for Adult
Maximum Annual Benefit	\$1,000	No Maximum, Except for Accidental Injury

#### **Delta Dental Voluntary Plan Monthly Rate Comparison:**

(Rates are effective through 10/31/2016)

<b>Employee/Dependent Coverage</b>	<b>*DeltaPremier</b>	<b>*DeltaCare PMI</b>
Employee Only	\$ 38.00	\$ 34.00
Employee + One	\$ 64.00	\$ 55.00
Employee + Family	\$ 97.00	\$ 77.00