

Your MCSIG Dental Plans At a Glance 2011-2012

Employee only – Monthly rate	without ortho / with ortho	55.94/56.98	50.53/51.58	46.94/47.96
Employee + 1 – Monthly rate	without ortho / with ortho	102.85/106.23	93.84/97.21	86.65/90.02
Family – Monthly rate	without ortho / with ortho	167.86/183.66	151.59/167.42	138.97/154.76
Your Dental Plan at a Glance		High Option Plan	Medium Option	Low Option
Annual Maximum Benefit		\$2,000 per person	\$1,500 per person	\$1,000 per person
<i>Diagnostic and Preventive Benefits</i>		70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
<ul style="list-style-type: none"> ▪ Oral examination ▪ X-rays ▪ Biopsy/tissue examination ▪ Prophylaxis (cleaning) ▪ Fluoride treatment ▪ Space maintainers ▪ Specialist consultation 				
<i>Basic Benefits</i>		70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
<ul style="list-style-type: none"> ▪ Oral surgery (extractions including surgical removal of teeth) ▪ Restorative (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay) ▪ Endodontics (root canal therapy) ▪ Periodontics (treatment of gums and bones supporting teeth) 				
Crowns, Jackets and Cast Restorations For treatment on carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic or plastic restorations		70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Prosthetic Benefits		70% of Delta Dentist's fee	70% of Delta Dentist's fee	50% of Delta Dentist's fee
<ul style="list-style-type: none"> ▪ Bridges (fixed and removable) ▪ Partial dentures (subject to a maximum allowance) ▪ Full dentures (subject to a maximum allowance) 				
Orthodontia Optional; enrollment required by entire employee group, not available as an individual choice		50% up to \$1,000 lifetime	50% up to \$1,000 lifetime	50% up to \$1,000 lifetime

*** Delta pays 70% of the approved fees for covered diagnostic, preventative, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year to a maximum of 100%, provided you visit the dentist at least once during the year. If you don't use the program during a calendar year, the percentage remains at the level reached the previous year. If you become ineligible for benefits and later regain eligibility, the percentage will drop back to 70%.**