

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Twin Falls County

Group Number: 1299

Contract Effective Date: 10/01/2024

Benefit Overview	PPO	Premier	Non-Participating
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Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
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Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$150	\$150	\$150
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Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,000	\$1,000
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Maximum Benefit Rollover	\$3,050*	\$2,500*	\$0
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Services	You pay the % below
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Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
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Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
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Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	60%	60%
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PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a network participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

* See back page for benefits and limitations