

Dental Insurance



Delta Dental Option

Below is an overview of dental benefits offered by Holy Family University. For full plan summary, see the plan documents which can be found on the Holy Family ADP Workforcenow site.

Enhanced Plan		Basic Plan	
Maximums Diagnostic & Preventive (D & P) counts toward maximum?	\$1,500 per person each calendar year Yes	Maximums Diagnostic & Preventive counts toward maximum?	\$1,000 per person each calendar year Yes

Benefits and Covered Services	Delta Dental PPO dentists	Non PPO dentists** (Delta Dental Premier® & Non Delta Dental Dentists)	Delta Dental PPO dentists**	Non PPO dentists** (Delta Dental Premier® & Non Delta Dental Dentists)
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions, denture repair, stainless steel crowns, posterior composites	100 %	100 %	100 %	100 %
Endodontics (root canals) Covered Under Basic Services	100 %	100 %	100 %	100 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %	0 %	0 %
Oral Surgery Covered Under Basic Services	100 %	100 %	0 %	0 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	0 %	0 %
Prosthodontics Bridges and dentures and implants	50 %	50 %	0 %	0 %
Orthodontic Benefits dependent children to age 19	50 %	50 %		
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime		

This is a summary only. For complete benefit information, please consult the plan documents provided by the carrier.

DENTAL COVERAGE	THE PREMIUMS LISTED BELOW ARE YOUR COST PER MONTH	
COVERAGE LEVEL	Enhanced	Basic
Single	\$37.56	\$21.44
Family	\$99.39	\$56.76