

OLD 2020 SDAPP Member Plan Comparison

Dental Plan Pricing

Tier	Delta Dental High PPO (Gold)	Delta Dental Low PPO (Silver)	Delta Dental DHMO Plan 13B (Bronze)
Employee Only	\$7.85	\$3.22	\$2.22
Employee and Spouse	\$14.96	\$6.12	\$4.43
Employee and Children	\$26.17	\$6.28	\$5.23
Family	\$38.07	\$10.24	\$6.55

Dental Plan Details

Detail	Delta Dental High PPO (Gold)	Delta Dental Low PPO (Silver)	Delta Dental DHMO Plan 13B (Bronze)
Deductible (Family)	\$150.00	\$150.00	None
Annual Benefit Maximum	\$2,500.00	\$1,000.00	None
Orthodontia	50% deductible does not apply (Adult & Children)	Not Covered	Copayment Schedule
Preventative Care	Covered 100% deductible does not apply	Covered 100% deductible does not apply	Copayment Schedule
Basic Services	20% after deductible	20% after deductible	Copayment Schedule
Orthodontia Lifetime Maximum	\$2,500.00	Not Applicable	Copayment Schedule
Major Services	50% after deductible	50% after deductible	Copayment Schedule
Deductible (Individual)	\$50.00	\$50.00	None