

# Delta Dental 2020

## Dental Plan Comparisons



Basic Plan	
Level of Coverage	Monthly EE Contribution
Employee Only	\$5.16
Employee + Spouse	\$20.83
Employee + Child(ren)	\$20.70
Family	\$30.81

Enhanced Plan	
Level of Coverage	Monthly EE Contribution
Employee Only	\$16.14
Employee + Spouse	\$39.86
Employee + Child(ren)	\$41.68
Family	\$60.80

Basic	Dental Plan Comparisons – Plan Pays*	Enhanced
\$50	Individual Deductible	\$50
\$150	Family Deductible	\$150
\$1,000	Yearly Max	\$2,000
n/a	Ortho Children Lifetime	\$1,500
n/a	Ortho Adult Lifetime	\$1,500
100%	Preventive %	100%
80%	Basic %	90%
50%	Major %	60%
n/a	Ortho %	50%
26	Dependent Age	26

\* The percentage amounts the plan will pay towards covered services may vary based upon the provider network your dentist/provider belongs to. Please refer to the plan's "Summary Plan Description" to review those differences by network.

This chart displays only a brief summary of your benefits. Should there be a conflict between the information shown here and the information in the legal plan summaries, the terms of the plan summaries will be used to determine coverage and benefits. To review the plan summaries, please visit the LSS Benefits Website at [www.LSSLife.com/Benefits](http://www.LSSLife.com/Benefits).