

# East Central Indiana School Trust

## 1/1/2022 Dental Cost Comparison

		Delta Dental - 2 years
	PREMIUMS (Per EE/MO)	
	Employee	\$39.52
	Family	\$100.15
	Rate Guarantee	2 year
	Network	PPO/Premier
	<b>BENEFITS</b>	
	Calendar Year Maximum	\$1,500
	Deductible (Ind./Family)	\$25 / \$75
	Preventative (PPO/OON)	100%/100%
	Basic	80%/80%
	Major	50%/50%
	Orthodontia (Children only)	50%/50%
	Ortho Lifetime Max	\$1,200