

**Diocese of Winona  
Lay Employee Dental Plan Summary  
Effective September 1, 2017**

	<b>DELTA DENTAL</b>	
<b>BENEFITS</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
		Paid at Usual and Customary
<b>DEDUCTIBLE</b>	Not applicable to Diagnostic and Preventive	
<b>INDIVIDUAL</b>	<b>\$50</b>	
<b>FAMILY</b>	<b>\$150</b>	
<b>COINSURANCE PERCENTAGE</b>	Paid by Delta Dental after deductible is satisfied	
<b>PREVENTIVE &amp; DIAGNOSTIC</b>	<b>100%</b>	<b>100%</b>
<b>BASIC SERVICE</b>	<b>80%</b>	<b>80%</b>
<b>MAJOR SERVICE</b>	<b>50%</b>	<b>50%</b>
<b>ORTHODONTIA</b>	<b>50%</b>	<b>50%</b>
<b>SERVICE CATEGORY</b>		
<b>ENDODONTICS</b>	<b>80%</b>	<b>80%</b>
<b>PERIODONTICS</b>	<b>80%</b>	<b>80%</b>
<b>CALENDAR YEAR MAXIMUM</b>	<b>\$1,500</b>	
<b>LIFETIME MAX</b>	<b>\$1,000 - Orthodontia</b>	
<b>PRE-TREATMENT ESTIMATE</b>	<b>Preferred by carrier</b>	

This is only a plan summary and not a guarantee of benefits. Benefits are subject to the terms of the contract. Please contact Customer Service at Delta Dental (800.553.9536) with benefit questions.