

**Diocese of Winona
Lay Employee Dental Plan Summary
Effective September 1, 2016**

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

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