

Plan Designs

Business Health Trust 2008-09	Delta Premier	Delta Preferred	Delta Preferred		Delta Preferred		Delta Premier	Child Ortordontia	Family Orthodontia
Plan Name	Plan A	Plan C	Plan F		Plan G		Plan H	Child Only	Family rider
Plan #	159	158	158		158		159		
Annual Deductible (Waived on Class I) Per Person	\$50	\$50	\$50		\$25		\$50		
Family Maximum	\$150	\$150	\$150		\$75		\$150		
Annual Maximum	\$2,000	\$2,000	\$1,000		\$2,000		\$1,000	\$1,000 Lifetime Max	\$1,000 Lifetime Max
Class I - Diagnostic & Preventive	Benefit %	Benefit %	Benefit %		Benefit %		Benefit %	Benefit %	Benefit %
	Premier	Premier	Preferred	Participating	Preferred	Participating	Premier		
Exams, Prophys, Flouride, X-Rays, Sealants	Incentive 70-100%	Incentive 70-100%	100%	100%	100%	80%	80%	50%	50%
Class II - Restorative	Benefit %	Benefit %	Benefit %		Benefit %		Benefit %		
Resotration, Endodontics, Periodontics, Oral Surgery	Incentive 70-100%	Incentive 70-100%	90%	80%	80%	70%	80%		
Class III - Major	Benefit %	Benefit %	Benefit %		Benefit %		Benefit %		
Crowns, Dentures, Partials, Bridges, Implants	50%	50%	50%	50%	50%	40%	50%		

All plans available to groups from 2 to 99