

CVT Delta Dental Options

Plan	Rate	Calendar Year Max	Orthodontics
Standard Incentive Plan	\$128.19	\$1000	Children and Adults 100% coverage, \$4000 max
<p>Basic, Crown, and Cast Restorations Co-Payment: 70/30 First Year, 80/20 Second Year, 90/10 Third, 100% Fourth</p> <p>Prosthodontics/Implants: 50%/50%</p> <p>100% payment for dental services rendered in case of accident subject to separate \$1000 max.</p>			
100% Plan	\$87.28	\$1000	None
	PPO	Premier and Out of Network	
Preventative/Diagnostic	100%	100%	None
Basic	80%/20%	80%/20%	None
Crowns,/Cast Restorations	100%	50%/50%	None
Prosthodontics and Implant	50%/50%	50%/50%	None
Deductible	\$0	\$25 Individual/ \$75 Family	None

