

Medstaff Healthcare Solutions Dental Plans

	Delta Dental Base Plan		Delta Dental Platinum Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eligibility	Active full-time & part-time employees		Active full-time & part-time employees	
Waiting Period	Travel Nurses: 1st day of hire Local Nurses: Coverage becomes effective on the 31st day of employment plus 120 hours		Travel Nurses: 1st day of hire Local Nurses: Coverage becomes effective on the 31st day of employment plus 120 hours	
General Provisions:				
-Annual Deductible				
-Single / Family	\$100/\$300		\$50 / \$150	
-Reimbursement Level:				
-Type 1 (Diagnostic/Preventive) Expenses	90% (no deductible)		100% (no deductible)	
-Type 2 (Basic) Expenses	60% (after deductible)		80% (after deductible)	
-Type 3 (Major) Expenses	Not covered		50% (after deductible)	
-Type 4 (Orthodontia) Expenses	Not covered		Not Covered	
-Annual Program Maximum (per person)	\$1,000		\$1,000	
-Lifetime Orthodontia Maximum (per person)	Not covered		Not Covered	
-Reimbursements	Contracted Fee	90% U&C	Contracted Fee	90% U&C
-Dependent Eligibility	19/25		19/25	
Type 1 Expenses:				
-Routine Oral Examination	Covered twice in any 12 month period		Covered twice in any 12 month period	
-Prophylaxis (Cleaning)	Covered twice in any 12 month period		Covered twice in any 12 month period	
-Bitewing X-Rays	Covered once in any 12 month period		Covered once in any 12 month period	
-Fluoride Treatments	Covered twice in any 12 month period (to age 19)		Covered twice in any 12 month period (to age 19)	
-Space Maintainers	Covered (to age 16)		Covered (to age 16)	
-Sealants	Covered once in any 36 month period (to age 16)		Covered once in any 36 month period (to age 16)	
-Full Mouth X-Rays	Covered once in any 36 month period		Covered once in any 36 month period	
Type 2 Expenses:				
-Basic Restorative:				
-Sedative Fillings	Covered		Covered	
-Amalgam (Silver) Fillings	Covered		Covered	
-Composite Fillings	Covered		Covered	
-Stainless Steel Crowns	Covered		Covered	
-Endodontics:				
-Pulpal Therapy	Covered		Covered	
-Root Canals	Covered		Covered	
-Surgical Endodontics	Covered		Covered	
-Retrograde Fillings	Covered		Covered	
-Periodontics:				
-Occlusal Adjustments	Covered		Covered	
-Periodontal Appliance	Covered		Covered	
-Periodontal Prophylaxis	Covered twice in any 12 month period		Covered twice in any 12 month period	
-Periodontal Scaling and Root Planning	Covered once per quadrant every 24 months		Covered once per quadrant every 24 months	
-Periodontal Surgery	Covered once in any 36 month period		Covered once in any 36 month period	
-Anesthesia	Covered		Covered	
-Emergency Office Visits	Covered under Type 1		Covered under Type 1	
-Extractions (Surgical & Non-Surgical)	Covered		Covered	
-Oral Surgery	Covered		Covered	
Type 3 Expenses:				
-Prosthodontics:				
-Inlays & Onlays	Not Covered		Covered once per tooth in a 60 month period	
-Crowns	Not Covered		Covered once per tooth in a 60 month period	
-Bridges	Not Covered		Covered once per tooth in a 60 month period	
-Partial and Complete Dentures	Not Covered		Covered once per tooth in a 60 month period	