Dental Insurance Plan

	Class I Preventive Services	Class II Basic Services	Class III Major Services	Class IV Orthodontia Services
Dental 80 Deductible	None	$50 per person ($150 per family) each calendar year. This deductible applies to services from Classes II and III combined.		No Coverage
Coinsurance	Delta Pays 80% You Pay 20%	Delta Pays 80% You Pay 20%	Delta Pays 40% You Pay 60%	No Coverage
Maximum Benefit	$1,000 per person per calendar year for Classes I, II and III combined.			No Coverage
Dental 100 Deductible	None	$50 per person ($150 per family) each calendar year. This deductible applies to services from Classes II and III combined.		None
Coinsurance	Delta Pays 100% You Pay 0%	Delta Pays 80% You Pay 20%	Delta Pays 50% You Pay 50%	Delta Pays 50% You Pay 50%
Maximum Benefit	$1,500 per person per calendar year for Classes I, II and III combined.			$1,500 lifetime maximum per dependent child for Class IV.

Important Information

Please make note of the following aspects of the CBIZ dental plans:

1. If you enroll in the Dental 100 Plan, you (and any dependents you cover) must remain in that plan until the next plan anniversary date following the date you have been enrolled in the 100 Plan for at least 2 years unless you have a qualifying event.

2. If you enroll in the Dental 80 Plan, you will be eligible to change to the Dental 100 Plan at the next enrollment time. However, once you do enroll in the Dental 100 Plan, you (and any dependents you cover) must remain in the Dental 100 Plan until the next plan anniversary date following the date you have been enrolled in the 100 Plan for at least 2 years unless you have a qualifying event.

3. Any dependent child who is currently receiving orthodontia treatment (defined as the child having bands on his/her teeth) will not be eligible for the orthodontia benefit under the CBIZ Dental 100 Plan.

What CBIZ Contributes

You and CBIZ share in the cost of dental coverage. Please refer to the Enrollment Worksheet for the monthly cost for coverage.