

TRI-COUNTY SCHOOLS INSURANCE GROUP

Delta Dental Preferred Provider Option (PPO) Plan Rates (Monthly)

Effective: July 1, 2009

PPO PLAN:			
	D-1 PPO No Orthodontic Coverage	D-2 PPO Child Only Ortho Coverage	D-3 PPO Adult & Child Ortho Coverage
COMPOSITE:	\$63	\$65	\$66
TIERED:			
Employee Only	\$32	\$32	\$33
Employee + One Dependent	\$59	\$61	\$62
Employee + Family	\$85	\$87	\$89

ADD-ON COSTS: (by employee group only)				
	A \$1,500 Annual Maximum	B \$2,000 Annual Maximum	Child Only Ortho to \$1,000 D2-PPO	Adult & Child Ortho to \$1,000 D3-PPO
COMPOSITE:	\$8	\$12	\$2	\$3
TIERED:				
Employee Only	\$4	\$6	\$2	\$3
Employee + One Dependent	\$7	\$11	\$2	\$3
Employee + Family	\$10	\$16	\$2	\$3