

Plan Benefit Highlights for: St. Tammany Federation for Teachers

Group No: 07016

Effective Date: January 1, 2022

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26		
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year		
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes		
<b>Maximums</b>	Low Plan: \$500 per person each calendar year High Plan: \$1,000 per person each calendar year		
D & P counts toward maximum?	Yes		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None
Individual: \$0.00/ Family: \$29.84    Individual: \$14.00/ Family: \$40.00			

Benefits and Covered Services**	Low Plan			High Plan		
	Delta Dental PPO dentists†	Premier dentists†	Non-Delta Dental dentists†	Delta Dental PPO dentists†	Premier dentists†	Non-Delta Dental dentists†
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	80 %	80 %	80 %	100 %	100 %	80 %
<b>Basic Benefits</b> Fillings and simple tooth extractions	80 %	80 %	80 %	80 %	80 %	60 %
<b>Endodontics</b> (root canals)	80 %	80 %	80 %	80 %	80 %	60 %
<b>Periodontics</b> (gum treatment)	80 %	80 %	80 %	80 %	80 %	60 %
<b>Oral Surgery</b>	80 %	80 %	80 %	50 %	50 %	40 %
<b>Major Benefits</b> Crowns, inlays, onlays and cast restorations	80 %	80 %	80 %	50 %	50 %	40 %
<b>Prosthodontics</b> Bridges and dentures	80 %	80 %	80 %	50 %	50 %	40 %

\*\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

**Delta Dental Insurance Company**  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

**Customer Service**  
800-521-2651

**Claims Address**  
P.O. Box 1809  
Alpharetta, GA 30023-1809

[deltadentalins.com](http://deltadentalins.com)

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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BENEFIT HIGHLIGHTS