



Add Dental Coverage to Your Medicare Advantage Plan



CDPHP® is proud to offer Delta Dental plans to help complete your employee benefits solution. You'll find Delta Dental is a perfect complement to your CDPHP health benefits. Like CDPHP, Delta Dental puts an emphasis on quality, service, and value—making it a leader in the dental benefits industry.

The below plans cover preventive and restorative dental services from a Delta Dental participating provider in the Delta Dental Medicare Advantage Network for CDPHP. You can view our provider directory, and a full list of limits and restrictions as well as a full list of restorative services, on our website at www.deltadentalins.com/cdphpmedicare. Please contact your sales representative or broker with any questions.

	Rider 592 (Non-Delta)	Rider 593	Rider 594	Rider 595
Enrollee Only Monthly Rate	\$6	\$9	\$12	\$6
Annual Maximum	\$250 Reimbursement	Unlimited	Unlimited	Unlimited
Preventive Exam (per 12 months)	(2 cleanings, 2 exams)	\$10 per exam (2 cleanings, 2 exams)	\$0 per exam (2 cleanings, 2 exams)	\$20 per exam (1 cleaning, 1 exam)
X-rays (per 12 months)	(1 X-ray)	\$10 per bitewing \$15 per panoramic or full-mouth (2 X-rays)	\$0 per bitewing \$10 per panoramic or full-mouth (2 X-rays)	\$20 per bitewing \$30 per panoramic or full mouth (1 X-ray)
Restorative (fillings and crowns)	Not Available	\$60-\$595	\$60-\$595	\$60-\$595



Medicare Advantage Dental Coverage Election Form

Please indicate below which plan you would like to elect. **Please note that all members will be enrolled into the selected plan.** The applicable dental rider will be provided to you with your annual enrollment materials. Electing one of these plans replaces your existing dental rider.

Rider 592 (Non-Delta) Rider 593 Rider 594 Rider 595

Group# _____ Group Name _____

Signature _____ Date _____

Title _____

Phone _____ Email _____

This benefit information is only a summary and not intended or designed to replace or serve as the Group Contract. Please consult the *Evidence of Coverage* for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the *Evidence of Coverage*, the terms of the *Evidence of Coverage* will prevail.



A plan for life.