

2022/2023 Delta Plan

New 2023/2024 Delta High/Low Plan Options

BENEFITS	Delta			Delta					
	SELF FUNDED			HIGH PLAN			LOW PLAN		
	PPO	PREMIER	NON-DELTA	PPO	PREMIER	NON-DELTA	PPO	PREMIER	NON-DELTA
Calendar Year Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Deductible Per Family	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Maximum Benefit	\$1,000	\$1,000	\$1,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services	85%	85%	85%	85%	85%	85%	75%	75%	75%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia (children only)	50%	50%	50%	50%	50%	50%	0%	0%	0%
Orthodontia Lifetime Maximum	\$1,000 (children only)			\$1,500 (children only)			Not Covered		
Deductible Waived	Preventive & Orthodontia Services			Preventive & Orthodontia Services			Preventive Services		