

SISC Dental Comparison

	Current Delta PPO \$2,500		SISC Delta Premier Unlimited		Current Delta PPO 1000		SISC Delta Premier \$1,000	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
General Benefits								
Calendar Year Deductible	None		None		None		None	
Calendar Year Maximum Benefits	\$2,500		Unlimited		\$1,000		\$1,200	\$1,000
Diagnostic Care Benefits								
oral exam, cleaning, xrays, tissue biopsy exams, fluoride treatment, space maintainers, specialist consultation	100%		70%-100%		100%		70%-100%	
Basic benefits								
Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal, biopsy, sealants	100%		70%-100%		100%		70%-100%	
Crowns and Other Cast Restorations								
	100%		70%-100%		100%		70%-100%	
Prosthodontics								
Bridges, dentures	70%	50%	60%	50%	70%	50%	50%	50%
			\$2,000 annual maximum					
Dental Accident Benefits								
	100%, \$1,000 maximum per calendar year		100%, \$1,000 maximum per calendar year		100%, \$1,000 maximum per calendar year		100%, \$1,000 maximum per calendar year	
Enhancements								
Third Cleaning for pregnancy	Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum		Covered up to plan maximum	
Dental Implants			50%				50%	
Orthodontics								
	Not covered		\$2,000 lifetime benefit for adults and children		Not covered		\$2,000 lifetime benefit for adults and children	
2017-2018 Monthly Composite Rate								
			\$148				\$98	
2017 Tenthly Composite Rate*								
	\$183.37		\$177.60		\$120.71		\$117.60	

*SISC bills monthly; tenthly rates provided for comparative purposes
 This is a summary of benefits. Please refer to the EOC for plan details.

SISC Vision Comparison

Benefit	Current Benefit Description	Current Copay	SISC Benefit Description	SISC copay
WellVision Exam	*Focuses on your eyes and overall wellness *Every 12 months	\$0	*Focuses on your eyes and overall wellness *Every 12 months	\$0
Frame	*\$140 allowance for a wide selection of frames *\$160 allowance for featured frame brands *20% savings on the amount you owe over your allowance *Every 12 months	\$0	*\$150 allowance for a wide selection of frames *\$170 allowance for featured frame brands *20% savings on the amount you owe over your allowance *Every 12 months	\$0
Lenses	*Single vision, lined bifocal, and lined trifocal *Polycarbonate lenses for dependent children *Every 12 months	\$0	*Single vision, lined bifocal, and lined trifocal *Polycarbonate lenses for dependent children *Every 12 months	\$0
	*Tints/Photochromic adaptive lenses	\$0	*Tints/Photochromic adaptive lenses	\$0
	*Standard progressive lenses	\$50	*Standard progressive lenses	\$50
	*Premium progressive lenses	\$80-\$90	*Premium progressive lenses	\$80-\$90
	*Custom progressive lenses	\$120-\$160	*Custom progressive lenses	\$120-\$160
	*Average savings of 35-40% on other lens enhancements		*Average savings of 35-40% on other lens enhancements	
Lens Enhancements	*Every 12 months		*Every 12 months	
	*\$105 allowance fr contacts and contact lens exam (fitting and evaluation)		*\$105 allowance fr contacts and contact lens exam (fitting and evaluation)	
	*15% savings on a contact lens exam (fitting and evaluation)	\$0	*15% savings on a contact lens exam (fitting and evaluation)	
Contacts (Instead of glasses)	*Every 12 months		*Every 12 months	
Coverage with Other Providers	Exam	up to \$50	Exam	up to \$65
	Frame	up to \$70	Frame	up to \$30
	Single Vision Lenses	up to \$50	Single Vision Lenses	up to \$25
	Lined Bifocal Lenses	up to \$75	Lined Bifocal Lenses	up to \$40
	Lined Trifocal Lenses	up to \$100	Lined Trifocal Lenses	up to \$50
	Contacts	up to \$90	Contacts	up to \$90
2017 - 2018 Monthly Rates				\$27.70
2017 Tenthly Rates*		\$32		\$33.24

*SISC bills monthly; tenthly rates provided for comparative purposes
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