Plans and Rates

Florida Municipal Insurance Trust

Delta Dental PPO		Program A - Plan 1 (F	L Keys Mosquito
	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental
	Dentist	Dentist	Dentist
Basis for	PPO	Premier	90th Percentile
Member Cost Sharing	Contracted Fees	Contracted Fees	
Benefits		1	
Diagnostic & Preventive	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Basic Restorative	80%	80%	80%
Oral Surgery	80%	80%	80%
Simple Extractions	80%	80%	80%
Endodontics	80%	80%	80%
Surgical Periodontics	80%	80%	80%
Non-Surgical Periodontics	80%	80%	80%
Major Restorative	50%	50%	50%
Prosthodontics-Fixed & removable	50%	50%	50%
Denture Repair, Reline, Rebase	50%	50%	50%
Implants	Not Covered	Not Covered	Not Covered
Orthodontics – Child	50%	50%	50%
Orthodontics – Adult	Not Covered	Not Covered	Not Covered
TMJ	Not Covered	Not Covered	Not Covered
Deductible (Annual deductib	e does not apply to Dia	agnostic, Preventive and O	rthodontic Services)
Per Patient / Calendar year	\$50	\$50	\$50
Per Family / Calendar year	\$150	\$150	\$150
Lifetime Ortho deductible/ Patient	\$0	\$0	\$0
Maximums	=		
Per Patient / Calendar year	\$2500	\$2500	\$2500
Lifetime Ortho maximum/ Patient	\$1000	\$1000	\$1000