



Plan Rates 2012

Delta Premier <i>(available Statewide)</i>	Effective 12-1-11 to 11-30-12	PPO Group: CEA/UISWA			
		EE Only	EE+Sp	EE + Ch	Family
Total Billed		\$68.75	\$121.98	\$140.08	\$197.87
	Preventive			Basic	Major
Waiting Period	None			None	None
Plan Maximum	\$1,000 per person				
Deductible	InNet \$50 / \$150			OutNet \$75 / \$225	
Orthodontic	\$1,000 lifetime				

DeltaCare® USA <i>(available Statewide)</i>	Effective 1-1-12 to 12-31-12	DHMO Group: 6065-0001		
		EE Only	EE + 1	Family
Total Billed		\$26.53	\$40.50	\$57.52
	Preventive			Major
Waiting Period	None			None
Plan Maximum	None			
Deductible	None			