


Dental Plans Benefits Overview



	BASIC DENTAL PLAN		PREMIUM DENTAL PLAN		
	PPO DENTIST	PREMIER AND OUT-OF-NETWORK DENTIST*	PPO DENTIST	PREMIER DENTIST	OUT-OF-NETWORK DENTIST
Annual Deductible	\$50 individual and \$150 per family		\$50 individual and \$150 per family		
Annual maximum Plan will pay per covered individual	\$1,000	\$750	\$2,000	\$2,000	\$750
Diagnostic and preventive services (exams, cleanings, sealants, x-rays)	You pay 0% Deductible does not apply	You pay 50% Deductible does not apply	You pay 0% Deductible does not apply	You pay 0% Deductible does not apply	You pay 20% Deductible does not apply
Basic services (fillings, root canals, treatment for gum disease, oral surgery)	You pay 20% after the deductible	You pay 50% after the deductible	You pay 10% after the deductible	You pay 20% after the deductible	You pay 20% after the deductible
Major restorative services (crowns, bridges, dentures, implants)	You pay 50% after the deductible	You pay 50% after the deductible	You pay 40% after the deductible	You pay 50% after the deductible	You pay 50% after the deductible
Orthodontia** (only for dependent children under age 19)	Not covered	Not covered	You pay 50% Plan will pay a max lifetime benefit of \$2,000 per child	You pay 50% Plan will pay a max lifetime benefit of \$2,000 per child	You pay 50% Plan will pay a max lifetime benefit of \$2,000 per child

* You may pay more than the listed % because Delta Dental's payment is based upon the maximum plan allowance in your area.

** Orthodontia does not apply to the annual benefit maximum.

The in-network and out-of-network deductibles and annual benefit maximums are not separate; amounts applied to one will apply to the other.