



DENTAL PLAN COMPARISON			
	Deltacare – DHMO	Delta Dental PPO	
	In-Network Only	In-Network**	Out-of-Network**
Annual Maximum	No Annual Maximum	\$1,000	\$1,000
Office Visit Co-pay	\$5.00 (each visit)	None	None
Deductible *	No Deductible	\$50.00/individual \$150.00/family	\$100.00/individual \$300.00/family
Dentist Network	You select a primary dentist from the list of DeltaCare USA dental facilities and <u>you must visit this dentist in order to receive benefits.</u> This dentist will refer you to a specialist when necessary.	Freedom to choose any licensed dentist No referral required for specialty care	
Changing your dentist	Change your selected or assigned dentist online or by telephone.	Change your dentist at any time without contacting Delta Dental.	
AMOUNT YOU PAY			
Preventative Services			
Routine Cleanings	No Cost	0%	0%
Fluoride Treatments	No Cost	0%	0%
Sealants – limited to permanent molars through age 15	\$10.00	0%	0%
Basic Services			
Oral Surgery	\$0 - \$130.00	20%	20%
Fillings	\$0 - \$85.00	20%	20%
Periodontics	\$40.00 - \$55.00 / Quadrant	20%	20%
Root Canal	\$110.00 - \$350.00	20%	20%
Major Services			
Crowns	\$160.00- \$380.00 (includes lab fee)	50%	40%
Orthodontic Services			
Adults	\$2,100.00	No Coverage	
Dependent Children (to age 19)	\$1,900.00	\$1,000	\$500

Definitions of Terms

Annual Deductible	The amount you owe for services before your plan begins to pay.
Annual Maximum	The maximum dollar amount the plan will pay toward the cost of care in a calendar year. You are responsible for paying costs above the annual maximum.

*Deductible does not apply to Diagnostic and Preventive Services. ** Reimbursement is based on PPO contracted fees for all dentists.