

Individual & Family Dental Plan Benefits

Coverage Options		Delta Preventive		Delta Classic	
Deductible (Per Person/Per Family Per Benefit Year)		\$50/\$150		\$50/\$150	
Annual Maximum (Per Person/Per Benefit Year)		\$1,000		\$1,500	
Evidence Based Dentistry (EBD)		Included in Plan		Included in Plan	
Delta Dental Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Dental Services		You Pay		You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)					
Exams - 2 Per Benefit Year		0%	50%	0%	50%
Cleanings - 2 Per Benefit Year		0%	50%	0%	50%
Bitewing X-Rays - 1 Per Benefit Year		0%	50%	0%	50%
Full-Mouth/Panoramic X-Rays - 1 Per 60 Months		0%	50%	0%	50%
Fluoride Treatment		0%	50%	0%	50%
Sealants		0%	50%	0%	50%
Basic Services (Deductible Applies - No Waiting Period)					
Space Maintainers		50%	75%	50%	75%
Periodontal Maintenance - 2 Per Benefit Year; Interchangeable With Routine Cleaning		50%	75%	50%	75%
Simple Extractions		50%	75%	50%	75%
Fillings		50%	75%	50%	75%
Major Services (Deductible Applies - 9 Month Waiting Period)					
Gum Disease Treatment		100%	100%	75%	75%
Root Canals		100%	100%	75%	75%
Surgical Extractions		100%	100%	75%	75%
General Anesthesia		100%	100%	75%	75%
Denture Relines, Rebases and Adjustments		100%	100%	75%	75%
Repairs to Crowns, Dentures and Bridges		100%	100%	75%	75%
Implants		100%	100%	75%	75%
Crowns - 1 Per 60 Months		100%	100%	75%	75%
Complete and Partial Dentures		100%	100%	75%	75%
Bridges		100%	100%	75%	75%
Orthodontic Services (Not Subject to Deductible - 12 Month Waiting Period)					
Braces		100%	100%	50%	100%
Child Only or Child/Adult		100%	100%	50%	100%
Lifetime Maximum		N/A	N/A	\$2,000	
Benefit Waiting Period		None	None	12 Months	12 Months