

PLAN COMPARISONS

This comparison is for **In-Network Delta Dentists only**. Please see the following pages for a comparison of out-of-network benefits.



DELTA PPO (6749)

DELTA PREMIER (6516)

Who's covered?

Primary enrollee and all eligible dependents, such as a spouse and children to the age of 26-years-old

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Deductibles & Benefit Maximums*

\$0/person and \$0/family per calendar year. Maximum paid benefit per calendar year is \$2,000/person

\$25/person and \$75/family per calendar year. Maximum paid benefit per calendar year is \$1,500/person.

Basic Benefits

Oral surgery (extractions), fillings, root canals, periodontal (gum) treatment, sealants

100% of PPO approved fees

70% to 100% of Delta dentist fees

Diagnostic & Preventative Benefits

Oral exams, cleaning, x-rays, biopsy/tissue exams, fluoride treatment, space maintainers, specialist consultation

100% of PPO approved fees
(no deductible applies for these services)

70% to 100% of Delta dentist fees
(no deductible applies for these services)

Crowns, Jackets, & Cast Restorations

100% of PPO approved fees

70% to 100% of Delta dentist fees

Prosthodontics*

Bridges, partial dentures, full dentures

50% of approved fees
(subject to maximum allowance)

50% of Delta dentist fees
(subject to maximum allowance)

Dental Accidents

100% of Delta dentist fee
(separate \$1,000 maximum/person per calendar year)

100% of Delta dentist fee
(separate \$1,000 maximum/person per calendar year)

- * Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations are the number of cleanings and oral exams covered in a calendar year & time limitations on filling and crown replacements.
- * You must be enrolled in this dental program for 12 **continuous** months before receiving these benefits.